



DR. RICHARD C. BREWSTER.



## **The Principles and Practice of Filling Teeth with Porcelain.\***

By DR. JOHN Q. BYRAM, Indianapolis, Ind.

### **Preparation of Cavities.**

It is essential that the beginner in inlay work should understand the principles of cavity preparation. Disregarding this foundation work, many dentists have become discouraged, because they began to construct inlays for practical cases before they had studied these principles. The change in the method of cavity formation is not a difficult one, even though the operator has been preparing cavities for gold and amalgam fillings for a long time, provided he understands thoroughly the principles of retention for the different fillings.

The preparation of many cavities for inlays requires the sacrifice of sound tooth structure in order to secure the necessary retentive resistance, to prevent frail margins of porcelain, and to obtain proper color effects. In many instances it has been found that more sound tooth structure is involved in the preparation of the cavity for an inlay than for gold filling. All frail enamel should be removed. Most porcelain workers agree that the cavity should be prepared so that the inlay will have all the retentive resistance possible; that parallel walls in cavities are to be avoided, and that the walls should diverge slightly

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toward the margin instead of converging. It should be borne in mind that porcelain is a friable material, and that its strength is approximately equal to that of enamel. These facts are frequently disregarded, and the cavity is not prepared with the view to making the inlay as strong as possible. Too often carelessness in cavity preparation is the cause of weak margins of porcelain, and these, in turn, render the filling im-

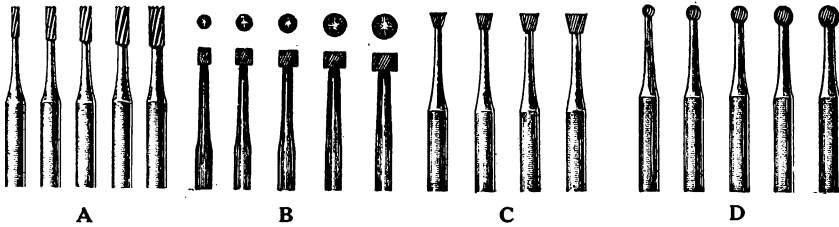


FIG.4

perfect. In such cases there is a tendency to attribute the imperfection of the filling to the material used rather than to the method employed.

In illustrating cavity preparation with drawings and photographs of plaster models of teeth, it must be borne in mind that cavities pre-

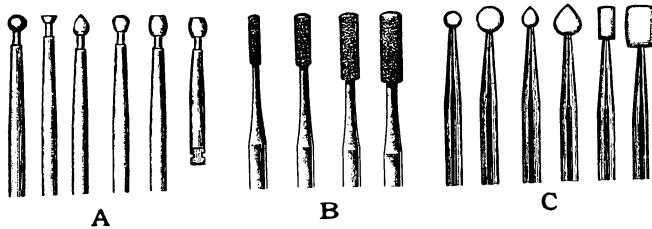


FIG.5

pared in such models are diagrammatic, and that they are only intended to illustrate principles. An attempt will be made to give examples of the various forms of cavity preparation used in filling teeth with porcelain. Many of these forms may appear to involve the sacrifice of an unnecessary proportion of tooth structure, but such sacrifice insures better retentive resistance and a stronger mass of porcelain.

The preparation of cavities for porcelain inlays requires but few special instruments. Figs.

**Instruments.** 4 and 5 represent the forms of burs and stones that are particularly indicated in this work. These instruments should be obtained for both the straight and the angle hand piece.

Fig. 4, A, represents the regular forms of flat faced fissure burs. Fig. 4, B, C and D, represent finishing burs, cylindrical, inverted cone and round in form. These burs are useful in shaping and finishing the walls and margins of cavities.

Fig. 5, A and B, represent cavity trimmers and diamond burs. They are useful in cutting away enamel and shaping cavities. The grit is fine and they leave the surface smooth.

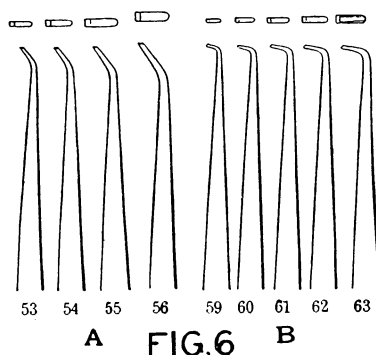
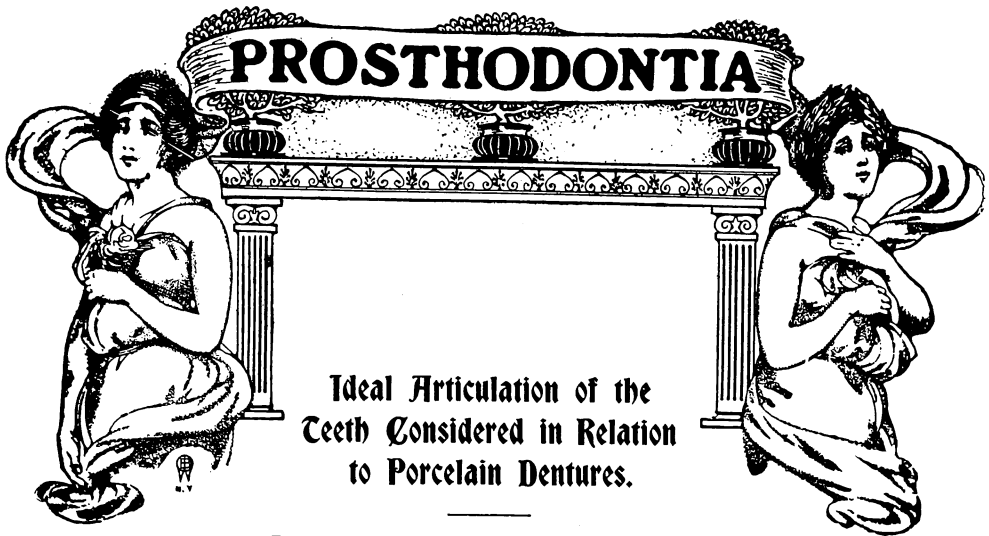


Fig. 5, C, represents different shapes of Arkansas stones that may be used in finishing the margins and cavities. It is not intended that they be used for grinding to any considerable extent, but to polish the margins.

Fig. 6 shows two forms of hoe excavators that are useful in shaping the walls of cavities and giving to them definite angles. A represents that form which is useful in shaping the gingival wall, while B represents the form that is useful in shaping the axial walls.



By DR. STEWART J. SPENCE, Chattanooga, Tenn.

## II.

In order to direct the occlusal plane as prescribed in Rule II (that is, toward the joints), and yet have the path arranged relative to the plane in any position desired, most of the three-motioned articulators need to be altered; either the path should be made adjustable, as is done in the Kerr, or the upper jaw of the frame should be raised an inch or so. This latter arrangement is illustrated in Fig. 4, where *a b c* is the articulator. If the space between *b* and *c* is wide enough it will permit of placing the occlusal plane in different positions relative to the path *a d*, as shown by the lines *e f*, *g h* and *i j*; and this, though somewhat clumsily, answers the same purpose as would an adjustable pathway. The path (*a d*) is here shown inclined downward. As this path line has the same inclination as the occlusal plane line *i j*, teeth set up on the line *i j* would be correct for a horizontal path in the patient, while teeth set up with their occlusal plane corresponding to *g h* would be correct for natural paths inclined to the extent of *a g* in Fig. 3. By setting the teeth on the line *e f* an acute downward incline in the patient would be correctly met.

If the jaws of the articulator are not set parallel to each other, but inclined either inward to or outward from each other, this, because it changes the position of the path relatively to the occlusal plane, has a similar effect to placing the plane in different positions; because the path



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When the casts are careened the teeth set up on them are very apt to be misplaced, because the dentist (unless studiously avoiding it) will set them perpendicular to the base of the articulator rather than perpendicular to the plane of the careened models. This is shown in Fig. 5, where  $a b$  are the joints of the articulator and  $c d$  the base thereof, and the line  $e f$  is the tilted plane of the models. It is seen that the teeth are set perpendicular to  $c d$  instead of  $e f$ . The result, when the teeth are transferred to the mouth, is shown in Fig. 6, where the bicuspid and molars are seen tilted in a way that must seriously affect occlusion in the lateral bite. The canine and incisors, however, will be correctly aligned with the lips. Should the dentist make the mistake of setting these front teeth parallel with the base of the articulator (the line  $c d$ , Fig. 6), he will have the added bad result that they will slope downward from one canine to the other when transferred to

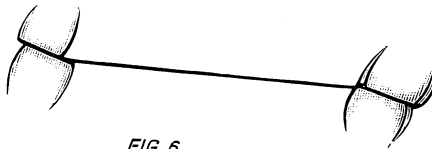


FIG. 6.

the mouth, causing one canine to be pendulous to the other with a sudden elevation of the bicuspid behind this pendulous canine if in the upper jaw; the reverse in the lower.

If the casts are not thus careened, but if the dentists make the mistake of setting the bicuspid and molars higher on one side of the models than on the other (an error apt to occur when absorption has been greater on one side), there will be no injury to occlusion in either of the three bites because the grinders are on parallel planes and also the teeth will correctly make simultaneous occlusion in both lateral and incisive bites, but as it is evident that there must be a descent from a higher to a lower level, and as this descent must take place at the incisors and cuspids, therefore teeth so set up will on removal to the mouth slope in front, one of the cuspids being conspicuously lower than the other.

### Rule III.

*The models should be placed on the articulator so that the lower incisor point will be distant from each joint as far as each joint is from the other.*

In other words, these three points should be at the three angles of an equilateral triangle. This rule is intended to prevent the misplacement of the incisor point both laterally and antero-posteriorly.

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This, like the preceding rule, is especially important with teeth of generous breadth of occlusal surface and height of cusp—that is, naturally-shaped teeth—because in the lateral bite the cusps of the lower teeth pass those of the upper (in making the movement  $c a$  in Fig. 2), and if the cast is misplaced to the left or right, or if it is placed askew, the cusps, when transferred from the articulator to the mouth, will collide in passing. Fig. 7 will make this evident.

Let  $a b$  be the two joints of the articulator, and let  $c d e$  be a cast correctly placed. The teeth placed on this cast are so set that when the lower jaw is swung on the joint  $b$  the cusps, in the lateral bite, will travel the arcs as shown in the figure, thus having  $b$  for their center. Now, suppose the cast has been misplaced, as shown in  $f g h$ , the in-

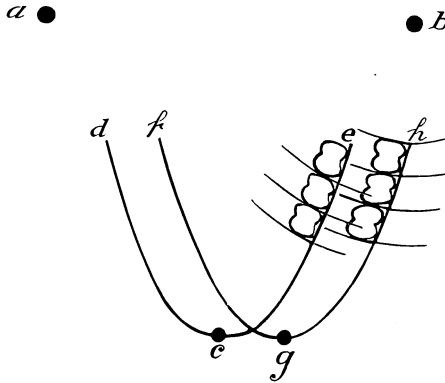


FIG. 7.

cisor point, together with the entire cast, being shifted about a half-inch to the left; the result will be that teeth set up on such a misplaced cast must be placed as shown at  $h$  in order that they should swing from  $b$  as center. The divergence of the  $h$  arcs from the  $e$  arcs make it evident that when teeth so set up are placed in the mouth, and thus in the correct position shown by  $c d e$ , they will fail to properly occlude, except in full occlusion. A nearly similar malocclusion will result from placing the cast askew, that is, with its two posterior ends not equidistant from the joints; and if added to this error, the incisor point also is misplaced to right or left, then is "confusion worse confounded."

It is therefore important that casts be placed on the articulator so that the points  $a b c$  form an equilateral triangle, and so that the "heels" of the model be equidistant from the joints.



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### Faulty Articulators.

Unfortunately our articulators have no device for changing the distance from joint to joint, but are made about four inches apart. While four inches may be the *average* measurement from condyle to condyle, in the human subject, it is certain that some jaws are wider and others narrower. My own, for instance, measures five and three-quarter inches (outside measurement, of course), while that of my neighbor, Dr. Williams, is only five inches. Now, as I am rather above the common size and he somewhat below it, while neither are extreme, and as we differ three-quarters of an inch in breadth of condyles, it is quite safe to infer that extreme cases vary an inch or even more. Deducting about twenty-five per cent. because of these being outside measurements, we have still left at least three-quarters of an inch variation, in extreme cases, for which our articulators make no provision.

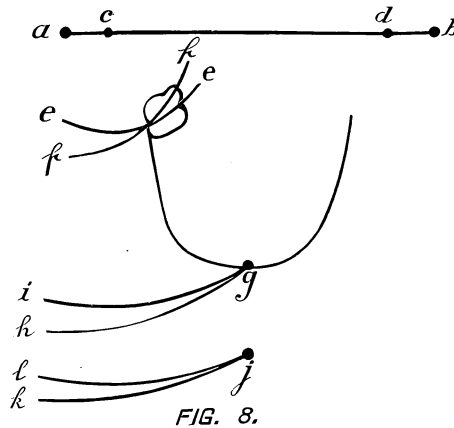
That the lower jaw is usually an equilateral triangle was demonstrated by Bonwill; therefore if it measures four inches from condyle to condyle it will usually measure four inches from each condyle to the incisor point, but if it is only three and one-half inches from condyle to condyle, it probably will be three and one-half inches to the incisor point. It were absurd to suppose that if the distance of any given case were three and one-half inches between the incisor point and condyle, it must nevertheless be four inches between condyles. Yet on such a supposition our frames are constructed. Fig. 8 will show the result.

Let  $a b$  be particular joints four inches apart, and let  $c d$  be ditto three inches apart. Now the arc of a circle drawn from the farther joint  $a$  will travel a route much divergent from one drawn from  $c$ , as is shown by comparing the arc  $f f'$  with the arc  $e e'$ , the former being from  $a$ , the latter from  $c$ . Because of this error, a denture articulated on a four-inch articulator would, on being transferred to the mouth of a patient having only three inches of separation of condyles, undergo collision of cusps in the lateral bite.

It is probable that no face is so narrow as to have only three inches of separation of condyles, but doubtless some have only three and one-half inches, and that would make a serious divergence, as may be seen by imagining an arc lying between the two arcs  $e e'$  and  $f f'$ . These facts seem to me to call for a reform in articulators, the more so because it is not difficult to measure the distance from condyle to condyle on the patient. A pair of dividers, somewhat curved in their arms, or Dr. Snow's face-bow will do this easily.

In Fig. 8,  $a b j$  is an equilateral triangle and  $c d g$  is another. It will be observed that the nearer the arcs are to the joints the greater is

their divergence from one another. For this reason, if the articulator in use is rigidly fixed at four inches between joints, it is better to set the cast out to four inches also, even though the patient's condyles be less than four inches apart. It must not be thought, however, that by setting the cast very far out, the arcs can be brought together, for their divergence decreases in lessening degree, and at four more inches out from *j* the decrease from *j* is only as much as it is in the one inch from *g* to *j*.



A serious objection, however, to thus setting the casts farther out on the articulator than the teeth will be in the mouth, is that it interferes with opening or closing the bite. For if the cast is set farther out on the articulator than the plate will be in the mouth, and if then the bite is opened, the result is that the teeth will occlude first at the molars, and *vice versa*. Of course this can be avoided by taking the wax bite so correctly that it will not need to be opened nor closed; but it would be pleasant to have articulators which would not make this necessary. If the wax bite is no farther out on the articulator than the plate will be in the mouth, it can not matter (so far as too early occlusion of anterior or posterior teeth is concerned) how much the bite is afterward opened or shut; and if the wax bite be of the required thickness, so that the jaws of the articulator are neither closed nor opened afterward, it can not matter whether the wax bite be four inches or four miles from the joints, for it is evident that a wax bite can be returned to any mouth from which it has been taken; and the plates are duplicates in form of the wax bite. But, as aforesaid, it makes quite a difference if the wax bite is placed too far out or too far in and the bite then opened or shut.

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I think it was Dr. Gritman who first called general attention to this matter.

Let me add that this evil is the worse the shorter is the distance from joint to model. For instance, if the distance from the patient's *X* joint to his incisors be three and one-half inches and the dentist set his cast out four inches, the result is worse than if the patient's distance were four inches and the dentist set the model out proportionately,

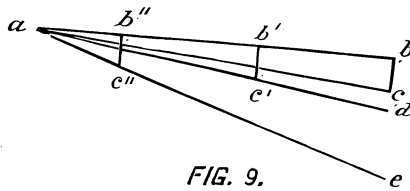


FIG. 9.

that is, a little over four and a half inches. The reason for this is apparent from Fig. 9, where *a b c* is a triangle opened to the extent of the line *b c*. Now, by placing said line about a half inch back toward the angle *a*, as at *b' c'*, the triangle is opened only as far as *d*, but by placing the line still further back a similar distance (to *b'' c''*) it is

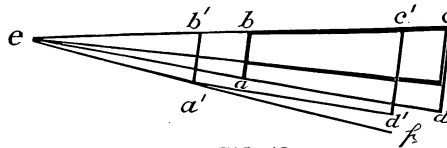


FIG. 10.

opened to the wide extent shown at *e*. Thus the nearer we get the models to the joints the more any error counts.

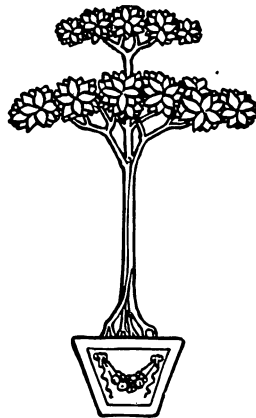
Fig. 10 will show that if a wax bite is placed four and one-half inches from the joints when it ought to be only four inches, and if the bite is then opened one-quarter of an inch at the incisors, the plates when removed to the mouth will fall short of occluding by an eighth of an inch at the incisors. Here the quadrangle inclosed in the heavy lines is the wax bite, on removal of which, let us suppose, the bite is opened one-quarter of an inch so that the trial plates and teeth will, when made, occupy the quadrangle *a b c d*. Now suppose this is a half inch too far out on the articulator, so that when transferred to the mouth the dentures will occupy the position of *a' b' c' d'*, the result would be as shown by the line *e f*, the incisor region failing to occlude by over

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one-eighth of an inch, if the third molars are present, and about one-eighth of an inch if absent. (The figure is drawn half size and the third molars are supposed to be included.)

The conclusions to be drawn from all this are, that articulators ought to be made adjustable between joints, and the distance from the *X* joint to the incisor point ought to be measured in each case, but that so long as articulators are rigidly fixed at four inches between joints, it is perhaps best to fix the distance from joints to incisor point at four inches also, because the error illustrated by Fig. 10 can be avoided by taking the wax bite right as regards the extent of opening given the jaws, while the error shown by Fig. 8 can not be avoided.

The dentist will find a divider useful for getting the incisor point equi-distant from the joints of the articulator in setting the model thereon. This instrument, opened to the width of the joints will, when carried first from one joint, then from the other to the incisor region, soon indicate the correct position for said joints. All articulators ought to be made with both upper and lower bows adjustable antero-posteriorly so that this matter can be corrected if by chance the models get set at a wrong distance from the joints. To allow such shifting, however, the bows must be parallel.





## **American Society of Orthodontists.**

### **Afternoon Session.**

### **Dr. Casto, Chairman.**

### **Discussion.**

**Dr. O. W. White,  
Detroit.**

I have listened with great pleasure to the paper which Dr. Ferris has presented to us this afternoon. I congratulate Dr. Ferris on the able manner in which he has introduced this subject to the society.

It is the first time oral prophylaxis has been presented to us, and I hope it will not be the last.

Dr. Ferris has left one important branch of oral prophylaxis out of his paper; viz.: the mechanical treatment. While the orthodontist is handicapped to a large extent by the appliances in the mouth during treatment, still we should carry out this part of oral prophylaxis as much as possible, for the benefit derived can not but be a great aid to our patients in maintaining a healthy condition of the oral cavity.

When a patient presents himself for treatment for malocclusion, we should be just as insistent about the general health of the mouth as we are of the teeth. I find that if a patient starts out with a clean mouth, and we maintain it in that condition, we have no fear of embarrassment from injury to the teeth during treatment.

I would like to have Dr. Ferris tell us his success in preventing decay when erosion has already taken place on the enamel.

I have observed some work of Dr. Grace Rogers, of Detroit, and

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she has prevented decay where erosion has occurred. A few years ago this was considered impossible.

The formulae which Dr. Ferris has given us to be used as sprays seem to me to be ideal if they do not affect the appliances.

We must educate our patients in this line of work, and our instructions should be carried out fully by the patient if we wish to be successful. I wish to show a little brush which has been a great aid to me with my young patients. It is called the "Rolling Tooth Brush," and with it a patient can reach all the surfaces when appliances are in position.

I was very much pleased to be present when Dr. Ferris was reading his paper bearing upon the value of asepsis and antisepsis about the mouth during the introduction of orthopedic measures. No doubt the soft tissues are frequently impinged upon in the adjustment of regulating appliances, and whenever such is the case, there is always a possibility of infection.

I am much pleased with the character of work the doctor has been conducting in testing the true merits of various mouth washes, and the best means of keeping instruments in an aseptic condition ready for use. The latter is a problem not easily overcome in the dental office, and I feel confident the adoption of the test tube method of having the ligatures remain sterile until used will be a helpful one for the orthodontist as well as the general practitioner of dentistry.

It has been said that dentists pay but little attention to this part of their work, and I think some of you gentlemen ought to reply to this accusation, or slur.

Dr. Ottolengui says we ought to answer the slur cast on orthodontists as regards prophylaxis. I am not sure but that a great deal of it has been merited. In visiting many orthodontists and dentists I have found them working on many patients, one succeeding another, and found many had but one or two instruments of a kind, such as pliers, scissors, etc. When asked how they sterilized them, I found they simply wiped them off with towel or napkin. They did not sterilize. I think the paper very timely indeed. The metal spray which the doctor recommends is the only one which can always be sterilized. The hard rubber sprays are practically useless.

I would criticise Dr. Ferris's statement, "that we deal with patients of low vitality, due to adenoids, enlarged tonsils," etc. I would say, however, that these are the results of this lowered vitality, all the results of a common cause. They aggravate the irregularity, but are not the chief cause of it.

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The paper should do good as it goes out in the dental prints. I hope it will make us all more careful. Another point as to mouth washes. The doctor says we can not have a pleasant spray and have it efficient. I have had much difficulty in getting patients to use an unpleasant one. They simply refuse. I would ask the doctor to turn his attention to the production of a wash that the patient will use.

**Dr. Abell.** Regarding the care of ligatures. In hunting for glass tubes in which to keep them, I went to a surgical supply house, where I found a catheter case with a screw cap. I sterilize the wires and place them in this. You can pick out one wire at a time as it is needed, leaving the rest in a sanitary condition.

**Dr. Milton Watson.** I thoroughly appreciate the paper, and also the fact that it deals with a subject which has not received sufficient attention. I think there has been a tendency to be a little careless along this particular line, and, while it is true that most of our work is of such a nature that we do not come into contact with actual wounds, and as a result the probability of infection is of course greatly lessened, yet that really does not justify the carelessness which is more or less common.

The difficulty in attempting to follow out the plan outlined by Dr. Ferris is, if I understand him correctly, that it would require ten or fifteen minutes for each patient, and that becomes a more or less serious matter unless possibly our assistants could be trained to do the work. With a faithful, conscientious assistant, I see no reason why this work could not be performed, and still be well done, without infringing upon the time of a busy man.

**Dr. Visick.** I think the paper most excellent and useful to us. I would like to ask the doctor what he thinks about the use of cement in adjusting clamp bands? Some of us have been taught that the use of cement under such circumstances is unnecessary, unless the case is to require some time in its correction. I believe it to be absolutely wrong not to use cement, and that such a course is injurious to the teeth.

Some of my professional brethren have referred patients to me; in one instance I found every tooth surrounded with a band, and there was no cement anywhere. This was inviting decay. A clean tooth never decays. Anti-septic surgery is clean surgery. There is such a thing as a finicky condition about some things and entire carelessness about others. I am glad Dr. Visick has referred to this matter of cement under bands. I know

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there has been a course of instruction in which the use of cement was not deemed necessary in placing these bands.

I have on my operating table, within reach of my hand, five teeth taken from among one hundred, which one hundred teeth were covered with melted beeswax and then some portion of the enamel exposed to an extent equaling about one-eighth of an inch in diameter. Those one hundred teeth had been placed in saliva containing a little bread, and kept at blood heat for ninety days. In ninety days every one of those one hundred teeth showed decay. The object of the experiment was to learn whether the density of teeth has anything to do with the progress made by decay. If that can take place, imagine what could take place under uncemented bands!

We should be much more careful in the directions given to parents with reference to care of the mouths of the children, and this, with our own efforts, should keep them, if not absolutely aseptic, at least as nearly clean as possible under the circumstances.

I think one point in the paper covers a great deal; i. e., lack of resistance. We know we are dealing with cases where there is a great lack of resistance, and every precaution should be taken. We are dealing with cases where there is very often hypertrophy of lymphoid tissue. We were told yesterday how rapidly bacteria multiply in that tissue. The bacteria are there ready to attack when we are applying ligatures and wounding the gum. We should be careful to see that those places are kept free from these bacteria, and the most effective way is the use of a spray, under pressure. Remember, further, there is a direct connection of the blood supply and peridental membrane. Following the wounding of the gum, an infection may be carried to the peridental membrane, which means pain. We must relieve as much pain in our work as possible. We can help do this by keeping a sterile field.

In the matter of boiling sharp instruments, I think the edges will be left in better shape if carbolic acid, etc., be used instead of boiling.

In answer to Dr. White's remarks with reference to the acid erosion, it is a general subject which has been pretty well covered before. If there is any truth that the colloidal copper given off from these copper bands is antiseptic, which my experiments have proven, then we can explain why a band may remain on a tooth for a limited period without producing any erosion provided it has been fitted properly. The products of decomposition will not take place in the presence of an antiseptic; therefore you would not have acid present; consequently you would not have



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the same result under the hand where the colloidal copper is given off. If the bands are made of gold or platinum, I believe the action of erosion would be increased, because you have no antiseptic action. The colloidal copper solution has been proven to be antiseptic beyond a doubt. It can be tested by placing all kinds of bacteria in a polished bowl of copper. In an hour's time the solution will become sterile. This subject has been covered in a previous paper by Dr. Harlan.

The above remarks reply to Dr. Visick as well as Dr. White.

One of the gentlemen spoke of the enlarged tonsils. I simply touched upon that in this way: we invariably have an abnormal condition of the mucous membrane and the tonsils (at least in a large percentage of the cases). If we add something to the part which increases the tendency to the formation of acids, by allowing the accumulation of foods and their decomposition, we increase the irritation of those already irritated tonsils because of the presence of the acids, but that acid condition does not necessarily produce an infection, but lowers the vitality of the tissue, rendering them susceptible to infection.

As to Dr. Watson's remarks, I think his method is excellent. Fifteen minutes does not seem much time, but in seeing many patients it amounts to hours, and while we can not neglect this care we can engage assistants to do this work for us. With this system of sprays that I have introduced here it is not a matter of theory, but of actual observation. Your iodine turns the bacterial plaques on the teeth brown. I can dissolve the plaques away with another spray. Any good office attendant can do that work for you, but you must allow four or five minutes for each chemical reaction.

In replying to Dr. Bogue, I may say the experiments he has carried out with the teeth seem to be a little unscientific. A solution of saliva introduced into an incubator will contain a certain percentage of bacteria. Any bacteria will multiply many times in a couple of hours. If you take saliva and introduce it into an incubator where the conditions are favorable, the bacteria will multiply until its toxin is formed. An abnormal quantity of acid would be formed, owing to the growth of the bacteria. Therefore, in order to carry out experiments as the doctor has suggested, you have actually to keep track of the number of bacteria which you had in your solution: you would have to introduce a certain number of them into a certain quantity of saliva, and keep track of them in that way. I think that would be a hard method.

Dr. Strang mentioned the use of carbolic acid. That is a consideration that is not vital. Some instruments, if very delicate, are affected by boiling, partly from the action of chlorine in the solution; carbonate of



soda counteracts the acidity. The action of carbolic acid, in dilute form, will also affect the instruments. A razor immersed in a dilute acid solution will be affected at its edge. If the solution is alkaline, the result will be very much better.

Any method used to sterilize your instruments is a step in the right direction, I am sure.

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## **Use and Application of Inter-maxillary Force.**

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By DR. NORMAN G. REOCH, Boston, Mass.

*Read before the American Society of Orthodontists, December, 1906.*

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It often happens in original research, that scientific minds, working entirely independently of each other, may simultaneously startle the world with some great discovery. Inventors in devising improved methods to secure greater economy, or efficiency in the industrial arts, frequently arrive at the same conclusions. No doubt various instances of this kind may occur to you.

In 1893, at the International Dental Congress of the Columbian Exposition, Dr. Calvin S. Chase read a paper, in which he first brought to light the use of inter-maxillary force. Shortly after this period, Dr. H. A. Baker, of Boston, without knowledge of Dr. Case's discovery, commenced the correction of a case of distal occlusion in his son, employing the elastic force.

As to who deserves the credit of first using and publishing the use of inter-maxillary force, I do not think there can be a question in our minds. That honor belongs to Dr. Case, of Chicago. It does not detract from Dr. Baker's credit, however, that he did not publish quite as early his experiments with this great power. To both men great honor is due. There seems to have been an era of awakening in both men's minds of the possibilities in the use of the power derived from the stretched elastic band.

Much more important to us, however, than the question of to whom honor is due, is the fact that this most indispensable adjunct to our appliances was given to us at all. As the possibilities in employing it in combination with other forces, and as an auxiliary force, began to dawn upon the minds of men practicing orthodontia, then it was that the extractionists received their death blow. It seems unfortunate that some of the followers of Dr. Case have not more fully developed and

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worked out in a practicable way the possibilities of his discovery, and abandoned the method of extraction, which savors too much of a by-gone age, where heroic methods were commonly practiced. To my mind, extraction should be confined to the same category as blood-letting and other practices of the old school. This statement applies to the great majority of the cases we are called upon to treat. There are cases doubtless where it may be absolutely necessary to extract, but they are exceedingly rare. At least, I have not yet come in contact with such cases personally.

### **Inter-maxillary Force Defined.**

Inter-maxillary force is a force working between maxilla and mandible. In the treatment of all those cases where harmony in the relationship of facial lines, jaws and teeth, is only possible by shifting the occlusion—the force now universally adopted is the pulling force of the rubber ligature. There are other forces which might well come under the heading of this paper, such as the bite-plate, inclined plane, etc. I will speak of these briefly later. But the force by far the most important, because of its reciprocating energy, the innumerable combinations possible in applying it, and because of the constancy with which it works—is the force derived from the simple elastic band.

Its simplest use may be best illustrated by employing it in the elongation, or in the forced eruption of a tooth in the upper jaw, the other end of the elastic being held by appliances upon teeth of the lower arch. You are all perfectly familiar with the example. This use of inter-maxillary force was first given to us by Dr. E. H. Angle, in 1891. In its employment there is no tendency nor intention of affecting the mesio-distal relationship of the inclined planes of the opposing arches.

In Class I cases, the rubber ligature is a valuable auxiliary to the expansion arch.

[A picture was shown in which space is being made for the upper left first bicuspid, by forcing the cuspid and incisors labially by ligating them to the arch in front of spurs upon the expansion arch. This distal displacement of the upper molar in overcoming the resistance of the moving teeth is prevented by the elastic force, shown by the dotted lines working in the opposite direction.]

### **Figure 1.**

This picture also illustrates beautifully the reciprocating action of the elastic. This case is identical with the first diagrammatic sketch, except that in this instance it is the lower molars that are prevented from displacement by the pull of the elastics. Spaces for the full eruption of the lower second bicuspid are not enough. This condition, associated with an

abnormal fraenum labium, gives to the models, and more perhaps to the face, the appearance found in Class II, Division I cases. In the mesial movement of the lower teeth anterior to the second bicusps, all the resistance falls upon the molars. To conserve this primary anchorage, the elastic force is invaluable. The pressure upon the molars through the nuts on the arch is overcome largely by the pull of the rubber ligatures around the distal ends of the tubes. By careful manipulation of nuts, and a knowledge of the strength of pull of the elastics, it will be apparent that the stress upon the molars can be kept at zero.

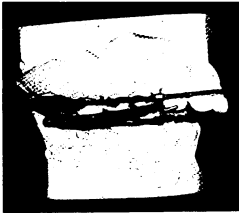


FIG. 1.

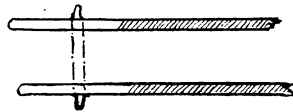


FIG. 2.

At the other end of the inter-maxillary force the pull is effecting pressure upon the prominent central incisors. The pressure at this point is regulated by the nuts in front of the tubes on the upper clamp-bands.

**Figure 2.** In cases where there is a lack of anterior occlusion there are several methods of overcoming the difficulty. One is by banding individual teeth,

upper and lower, and stretching elastics between them over spurs on the bands. Another method I have found most serviceable is one illustrated in Fig. 2. It is a means of overcoming the difficulties of such cases which Dr. H. A. Baker has used with unqualified success. The springs of the arches are used in conjunction with elastics stretched from maxilla to mandible over spurs soft-soldered to the arches, upper and lower, at the desired joints. The arches are bent to the required shape, and with the proper amount of spring, then held up to place and ligated firmly to the teeth requiring elongation. The elastic pressure is applied as an auxiliary to the spring of the arches. Dr. Baker uses heavy pieces of separating elastic cut in squares and with holes punched in them; these he has his patients snap over the spurs, from arch to arch, at night.

# ITEMS OF INTEREST

**Figure 3.**

Occasionally I have had cases referred to me that have been carried on—up to a certain point—by some one else. I have found in several instances molar teeth carried by an excessive spring in the arch, far out into buccal occlusion, sometimes beyond the danger line, *e. g.*, the lingual cusps of upper molars, buccal to the buccal cusps of the lower

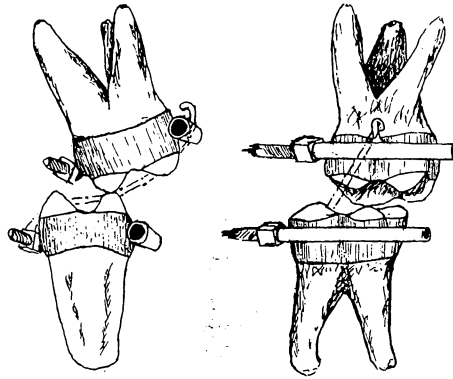


FIG. 3.

corresponding teeth. This drawing will serve to illustrate the point. If it is the upper molar that is in buccal occlusion (as here represented), I solder to the upper edge of the tube on the upper clamp-band a little

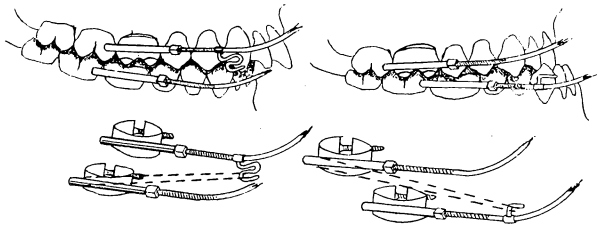


FIG. 4.

spur. An elastic ligature attached to this spur, and passing between the occlusal surfaces of the upper and lower molars, is hooked over the extension in front of the nut on the lower clamp-band. This simple way of applying inter-maxillary force I have found most serviceable. It perhaps is never necessary for any one of the gentlemen present to re-

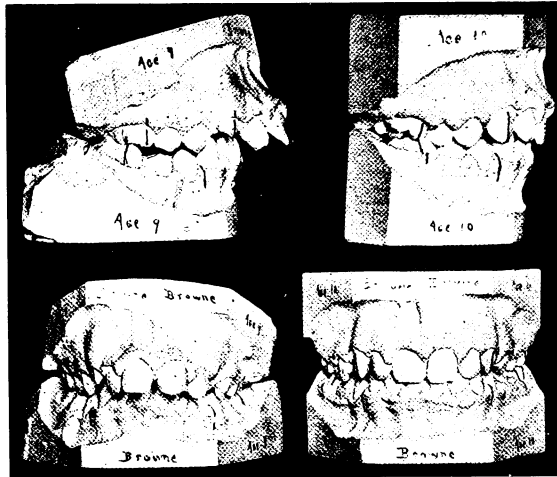
sort to such treatment in quickly aligning buccally displaced molars, upper or lower. But unfortunately I have had to cope with this difficulty on several occasions in treating cases coming to me from inexperienced hands.

This is a diagrammatic sketch showing the application of inter-maxillary force for cases of distal occlusion and mesial occlusion.

**Figure 4.**

The picture in this figure shows the side views of a case of Class II, Division I. This is an extreme case of its class, with lower incisors imping-

**Figure 5.**



**FIGS. 5 AND 6.**

ing upon gum-tissue back of the central incisors. When the boy came to me he was wearing caps upon the lower molars to relieve this condition. These caps were in place when the impressions were taken for the models before you. Both arches were expanded laterally, and when the inter-maxillary elastics were applied, force was at first exerted only upon the upper central incisors. The amount of pressure at this point was governed by the releasing or tightening of the nuts in front of the tubes on the upper clamp-bands. The lower incisors were carried labially by the usual method, the elastic attached around the distal ends of the tubes on the lower clamp-bands acting as auxiliary anchorage to these teeth. When the lower arch was expanded sufficiently, all the

teeth were ligated firmly to the expansion arch, and pitted *en phalanx* against the upper incisors. In this case I desired as little distal displacement of upper molars as possible, so the nuts on the upper arch were released somewhat during treatment.



FIGS. 7 AND 8.

**Figure 6.** Front before and after. If there was any depression of the upper incisors, or of the lower incisors in their sockets (and I believe there was), it was accomplished by the spring of the arches caught in notched bands

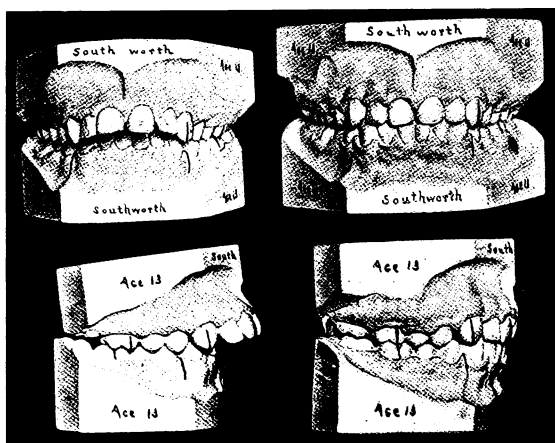
# ORTHODONTIA

upon these teeth. At the present time, a year since the final models were made, the bicusps and cuspids have fully erupted, so that the interlocking of cusps is even better than here shown.

**Figure 7.** Face before. Front and side.

**Figure 8.** Face after. Front and side.

**Figure 9.** Front models, before and after. This case is also of Class II, Division I. It is of particular interest to me because it is the first case of an extensive malocclusion that I have treated by only weekly appointment.



FIGS. 9 AND 10.

**Figure 10.** Side models, before and after.

**Figure 11.** Face before treatment. Front and side.

**Figure 12.** Face after treatment. Front and side.

The next three plates were loaned me by Dr. Casto, of Cleveland.

**Figure 13.** This picture shows the kind of cases in which Dr. Casto employs a bite-plate with individual bands and elastics for final steps in treatment. The picture before you now is of Class II, Division I. Incisors impinging upon soft tissues behind upper incisors. Molars and bicusps are short, and the upper and lower incisors are too long. Dr. Casto first expands the arch as usual in the treatment of these cases, and retracts by inter-maxillary force and the spring of the arch the prominent upper incisors. The case is then ready for the bite-plate and individual bands.



## ITEMS OF INTEREST

**Figure 14.**

This picture shows a bite-plate—a modification of Dr. Kingsley's bite-plate—designed by Dr. E. H. Angle. Dr. Casto applies such a plate to the upper arch. This plate holds the expansion of the upper arch. Wires are



FIGS. 11 AND 12.

fitted over edges of the upper incisors and vulcanized in the plate. This prevents them from moving labially, depresses them in their sockets, and also prevents the plate from striking too hard upon the soft tissues.

In the lower portion of the figure is seen the way in which Dr.

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Casto applies inter-maxillary force between individual teeth from maxilla to mandible, where it is desired to get a better interdigitation of cusps, and a shifting of occlusion, as in this case. The desired teeth are

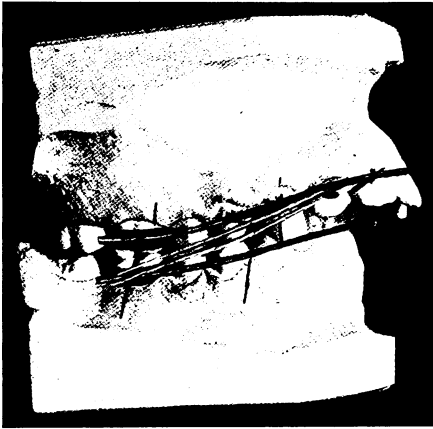


FIG. 13.



FIG. 14.

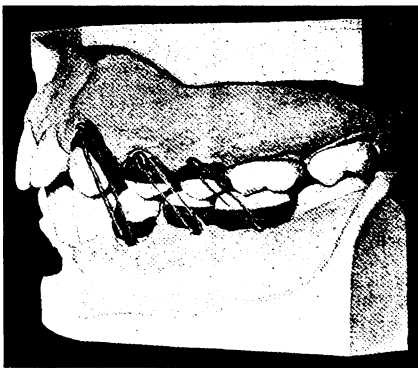


FIG. 15.

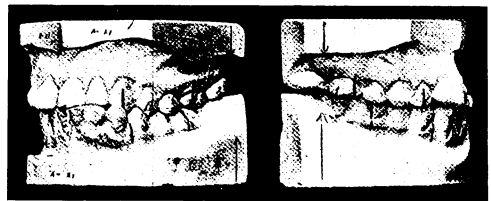


FIG. 16.

banded, with spurs soldered to their buccal surfaces to engage elastics. This elastic pull tends to straighten the roots to a greater or less degree, thus correcting the buccal slant of the cusps.

## ITEMS OF INTEREST

**Figure 15.** This slide shows the case as it is nearing completion. The desired settling of the occlusion is about finished. The bite-plate has depressed the incisors, upper and lower.

The lower arch is kept forward partly by the strike upon the inclined plane of the bite-plate, and partly by the pull of the inter-maxillary elastics. The lower incisors are depressed while bicuspid and molars are being elongated by the elastics.

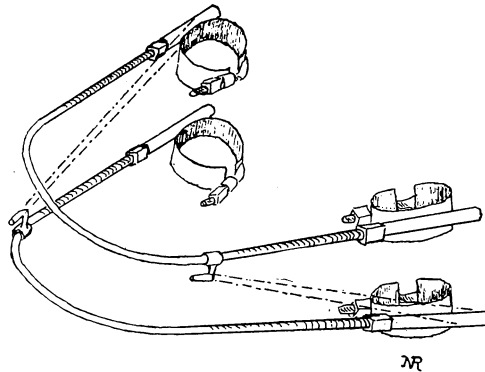


FIG. 17.

The next three plates were loaned to me by Dr. George C. Ainsworth, of Boston. They show very clearly his method of applying the inclined plane in just such cases as Dr. Casto uses his bite-plate. The idea, of course, is the same, but the manner of attachment differs. The plane is soldered to the lingual surface bands upon the upper central incisors. Wires are bent over the incisal edges of the laterals; this is again re-enforced by wires passing distally to the molar bands. The expansion is also held by the wires. In the pictures shown the molar bands are the same bands used in the expansion of the arch before the plane was adjusted, the tubes are unnecessary.

Dr. Ainsworth first expands upper and lower arches to the extent desired, and then applies the inclined plane to depress the upper and lower incisors, and allow molars and bicuspid to settle to occlusion. The inclined plane may be so adjusted as to correct cases of this kind where there is unilateral distal occlusion. I have one case where I have accomplished this movement.

If you could see some of the beautiful results which Dr. Ainsworth has accomplished with this little inclined plane you would be delighted.

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It is a most valuable adjunct in combination with our retainers in cases of Class II, Division I.

In the fall of 1904 Dr. R. B. Stanley, of New York City, referred to me the case of a young lady who was to spend the winter in Boston. He had expanded the arches considerably. She came to me with the upper appliance adjusted, and with a stay-plate in the lower arch. I continued the expansion upon upper and lower arches for some little

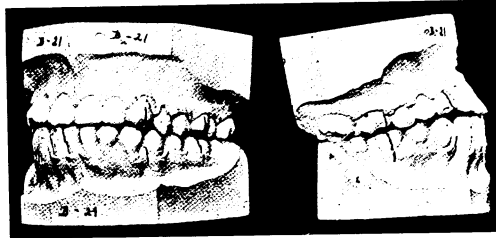


FIG. 18.



FIG. 19.

FIG. 20.

time before applying the inter-maxillary force. This force was used in this particular case in rather a peculiar manner.

Figure 16.

You will see in this picture that the lower jaw was in mesial occlusion upon the right side, and in normal occlusion upon the left. A front view of

## ITEMS OF INTEREST

the face shows the mandible swung to the left to a marked degree. I applied elastic force in the usual manner to correct the mesial occlusion upon the right, *e. g.*, from upper right clamp-band to a sheath-hook, as far forward as possible on the lower arch. The desired movement was accomplished in a comparatively short space of time. The median line of lower arch was still considerably displaced to the left. To overcome this difficulty I applied elastics on the left side as we apply them for distal occlusion cases.

(Appliance showing pull of elastics.) This drawing is intended to show the manner in which I applied the elastic ligatures. The result of this use of the rubber pull was to swing the mandible to the right somewhat and bring the teeth into normal relation.

**Figure 17.**

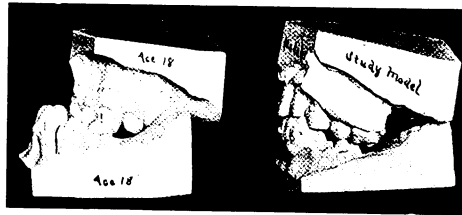


FIG. 21.

(Models after.) The face was improved considerably, though the upper and lower incisors at completion were inclined somewhat in the direction of the pull on each arch. The impressions for these models were taken on the same day the working appliances were removed, and the retainers adjusted. I would have liked impressions some months later, but the patient was going to the Middle West and it was my last opportunity. You will see that all the inclined planes tend to the normal. The application of the force is interesting, in that I believe there are no records where it has been so employed before.

**Figure 19.**

Face before.

**Figure 20.**

Face after.

**Figure 21.**

Side models, before and at present.

This case is another of Class III, complicated by considerable loss from extraction. The upper first molars were both extracted. The right second molar has come down, but the left second molar has not appeared,

though on the point of erupting. The lower first molars were also missing. The problem here was to get a sufficiently stable anchorage to bring about the desired changes.

(Drawing of appliance.) This drawing shows the means adopted to get an equal pull of elastic force on each side. The upper left bicuspid were banded, the bands soldered together, and a section of heavy wire soldered on the distal surface of the second bicuspid with a hook at the

**Figure 22.**

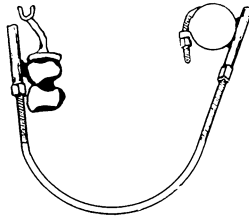


FIG. 22.

end to hold the elastics. This hook was carried distally just far enough to make the pull on either side equal.

The study model shows the present condition of the case. This model was made from a wax impression taken a few days ago. The anchorage on the left, though it has been displaced somewhat, still has served its purpose very well. I have considerable yet to do on this case. I am sorry that I can not show you the completed models at this time.

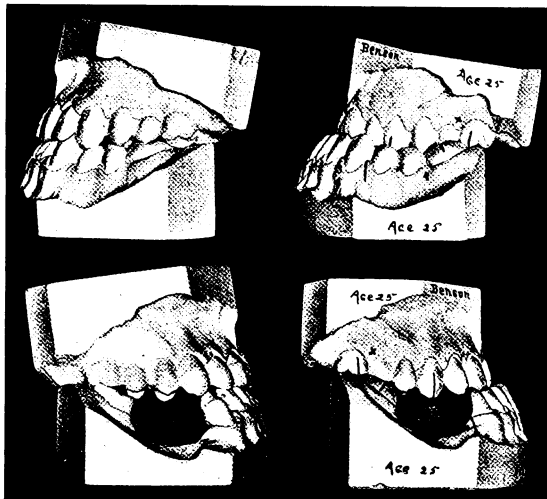
In the treatment the upper six anterior teeth were moved labially first, expanded and separated. Then afterward, drawn from either side toward the median line, the elastic force afterward carrying the bicuspid mesially.

Here is still another mutilated case of Class III, that was made very difficult by reason of unstable anchorage. The upper first molars had been extracted. The lower right first molar and bicuspid also were missing. For various reasons it was a case in which I attempted simply to improve the occlusion, for in the original condition he had little or none. Where the teeth were missing in the lower arch I connected the cuspid and the second molar by a heavy bar soldered to bands. The upper arch was expanded and inter-maxillary force applied in the approved manner. The extreme lingual inclinations of the lower incisors I was unable to relieve.

**Figure 23.**

**Figure 24.**

(Opposite side.) The use of inter-maxillary force usually causes more or less tipping of the primary anchor teeth. This tipping we must combat as best we may. In long drawn-out cases this tipping may become severe, though generally it does not reach serious proportions. It, however, causes us to occasionally shift the inclination of the tubes upon our clamp-bands. It is often necessary to spend considerable time in this operation. Dr. Pullen showed in Boston, early this month, his improved manner of attaching the tube to the band, whereby by simply removing the ligatures from the teeth, but not the arch, then grasping the tube with pliers, it could be bent to the desired angle without in any



FIGS. 23 AND 24.

way affecting the tube or its attachments. If this mode of attaching the tube to band does not carry the tube too far buccally (and it does not seem to do so), and it will do all it says it will, it is a grand thing.

## **Comparative Tension of Elastic.**

The degree of force applied, in the strength of pull of the elastic ligatures, seems to vary considerably in different men's hands. For myself, I have been using what I considered three different pulls—light, medium and heavy. But in experimenting to find just the strength of the pull for a certain distance of the elastic bands I was using I found to my surprise that the medium pull was heavier than I had considered my heavy pull. I had been using Bailey's "Violet" elastics for my light

## ORTHODONTIA

pull, Goodyear's "Election Bands" for my medium pull, and Angle's Rubber Ligatures for my heavy pull. The average length of pull in my cases of Class II, Division I, is almost 1 5-6 inches. The light elastic registered a pull of 5 ounces each for this distance, and 10 ounces for two elastics. The medium pull for same distance varied from 8½ ounces to 10 ounces for each elastic, and from 17 to 21 ounces for two elastics. Angle's ligatures vary from 8 to 9½ ounces for one elastic, and 16 to 20 ounces for two elastics. There is considerable variability in the strength of pull of the elastics cut from the same tubing. The figures I have given I found only after trying many elastics.

As yet I have never needed to use more than two heavy elastics in my work. I use light elastic pressure generally. If I see the desired movement taking place I do not care to hurry it along. In the cases I have shown you, the length of time to accomplish movement from complete distal to normal occlusion varies from three to six months. I start cases with a light pull, gradually increase it to what I deem the maximum pull for the particular case, keep such pressure constant until normal occlusion is reached, when I gradually reduce the pressure until I have the lightest pull that will hold the teeth in normal occlusion. I prefer to let as much settling occur as possible with working appliances in place, holding the teeth in occlusion by light rubber elastics rather than to trust to retainers at once.

In the preparation of this paper and the plates shown I have endeavored to bring out the point that where all the teeth are present, though the malocclusion may be severe, yet it is perfectly possible and feasible to bring them into normal occlusion. The cases where it was necessary to deal with mutilated conditions, and where, when the mutilation is severe, we can only hope for an improved occlusion, I have brought forward to show our limitations. The more we imitate the silent forces of nature, which are ever at work, quietly yet none the less effectively, the more humane and successful the results will be. This is but the trend of modern thought and practice. The disruptive forces of nature are rarely brought into play. So this disruptive force in orthodontia—which I may call extraction—destroying tissue, and causing shock, is rarely necessary. There is a better and a safer way. If you will permit me I will draw an analogy from Elijah of Holy Writ. He was a man of heroic type, who believed in fire, and famine, and the sword of destruction. But Elijah had to be taught that God and truth and right were not in the mighty wind, nor in the earthquake, nor in the fire—but in the Still Small Voice. So must the Elijahs of orthodontia be taught that truth and right and humanity and God are not in the disruptive and cruder methods of extraction, but in the Still Small Voice of the gentler, better way.





## **Imperialism---Coercion and Biased Censure in the Field of Dental Journalism---a Plea for its Emancipation.**

By WILLIAM CUMMINGS FISHER, D.D.S., New York City.

*Read before the Central Dental Association of Northern New Jersey.*

The usefulness and value of books and journals, conceived in a spirit of broad conservatism, carefully written and carefully edited is without limit.

One has but to look over the editions of the several dental journals to be forcibly impressed with the deplorable condition, and the crying needs of journalism within our profession to-day. The condition referred to is the ownership and control of practically all of our dental journals by either some dental manufacturing company or a local supply house and the subservience of these journals to the interests of the dental houses publishing the same.

These impressions were all the more intensified by the appearance last April of a western dental journal without an editor, the editor of that journal having been asked to resign by a dental supply house proprietor—the publisher of the journal—because the editor refused to publish an article which he did not consider conformed to the practice of conservative and ethical methods as set forth by the authors of our recognized text books to-day. Whether the editor of this journal was right concerning this particular article or not I do not propose to opine, nevertheless, from a professional and journalistic standpoint, he most decidedly was correct, and this publisher has continued to place his journal before our profession without a responsible editor.

"As good almost kill a man as kill a good book," says Milton in his *Areopagitica*, that grand appeal before the Lords and Commons of England for the freedom of the press. "Who kills a man kills a reasonable creature, God's image; but he who destroys a good book kills reason itself, kills the image of God." . . . "Many a man lives a burden to the earth, but a good book is the precious life blood of a master spirit, embalmed and treasured up on purpose of a life beyond life. It is true no age can restore life, whereof perhaps there is no great loss; and revolutions of ages do not oft recover the loss of a rejected truth, for want of which whole nations fare the worst. We should be wary therefore what persecution we raise against the living labors of public men, how we spill that seasoned life of man, preserved and stored up in books; since we see a kind of homicide may be thus committed, sometimes a martyrdom, and if it extend to the whole impression a kind of massacre, whereof the execution ends not in the slaying of an elemental life, but strikes at that ethereal and fifth essence, the breath of reason itself, slays an immortality rather than a life."

**Influence of  
Trade on  
Journalism.**

The first and principal object of these so-called publishers must necessarily be a commercial one—that is self-evident and needs not to be proved. Our profession furnishes the easy and profitable field for their operations. Easy—because as Dr. William H. Potter has said—the profession finds such paternalism pleasant and satisfactory.

The hand of the dental manufacturers, or "The Trust," as it has been frequently called, is seen not only controlling our journals, but through the influence of these journals, exercising a partial—if not complete control of the internal business of our dental societies, national, state and local.

When it pleases the owners of the journal, the proceedings of the more important societies are published.

Certainly these conditions alone are sufficient arguments in favor of a journal that shall be absolutely free from any such disgraceful coercion—but there are many other reasons.

Does it seem unreasonable to expect that in these United States, with the vast number of ethical dentists therein, we can publish one dental journal of a national scope that shall be a journal of our profession, for our profession, and *by* our profession?

Do you realize that the journals sent out each month by the supply houses really constitute the literature of our profession to-day? Think what this means—the literature of our profession—controlled by those who are absolutely without our ranks. It means that my profession has

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no dignity, no stability, no standing with itself. You cry for recognition and standing with the allied professions and we have it not with ourselves.

### **The One Man Journal Condemned.**

The *Journal of the American Medical Association* to-day reaches each week more than 47,000 subscribers, and has become the leading medical magazine in the world. If the American Medical Association can publish a creditable journal with fifty-two numbers per year, surely our National Association could publish a journal of twenty-four, or even only twelve numbers, filled with papers of high professional and journalistic value.

Give this journal an editorial staff with an editor-in-chief, instead of placing it in the hands of any one journalist, for I would have you keep as carefully away from the *one man journal* as you should from an undesirable publisher. What is the inevitable result of a *one man journal*? If it obtain any degree of conspicuousness, if it reach a large circulation, if it meet the eye of many members of the profession, then that one man is talking to us—one man to all of us. Unless he be remarkably strong in professional ethics and integrity he will become a politician, and a politician with a powerful agent—his journal. A certain amount of politics is perhaps essential in our National Association, as it is in any large organization; but we do not want our journals to create politicians, nor do we want our politicians to divert our journals from an ethical to a political and personally political organ. That is one reason I warn you from the one man journal. The journal with an editorial staff will be superior to the one man staff in that it furnishes the judgments and opinions of several as against one, and oftentimes those opinions may be expert in the several departments, when one man, be he ever so large mentally and practically, can not be expert in all departments of the profession.

### **Trade Journals Closed to Dr. D. D. Smith.**

Dr. D. D. Smith, of Philadelphia, in a paper read before the Minnesota State Society last June, said that he had found the columns of the dental journals closed to his articles on "oral prophylaxis." Some editors refused his articles, alleging personality as an excuse.

Now Dr. Smith may be an extremist or he may not be, but if he or any reputable member of this profession has something that he considers worth the attention of his fellow practitioners, he should have some means of placing it before us. Dr. Smith shows you how to-day this is impossible with the one man journal—"Trust journals," as he styles them. He does not hesitate to mention names and dates, narrating

his fruitless efforts to reach the profession through the columns of the *Cosmos*, the *Digest* and the ITEMS OF INTEREST. If the facts are correct as set forth in Dr. Smith's paper (and if they are not it would be well for these editors to deny them), then is our journalism subject to a most deplorable imperialistic and coercive influence.

**An Incident.** As another illustration of this influence, let me narrate this recent incident in one of our dental societies. The Chairman of the Executive Committee was the editor of a journal. This journal had been sharing the expense of the stenographer who reported the society's proceedings. The Executive Committee thought that the journal should bear the entire expense of the stenographic report, so the Chairman in his report to the society said, and this in a pleasant, patronizing manner, that the Chairman of the Executive Committee had persuaded the editor of the journal (that is, he had persuaded himself) to bear the entire expense of the society's reports.

Think of it, gentlemen, that society sold out to that journal for a few paltry dollars. The cost to that society to report its own proceedings would not have been one dollar per member. For one dollar those men sold themselves to one of their number, thereby placing themselves under obligations to that editor, his journal, and indirectly to the supply house which owns both journal and editor. This is a condition that is dangerous. It is unprofessional—unmanly. It is similar to the conditions found in our corrupt political, financial and social institutions, the correction and punishment of which is occupying the great American public to-day. Let us extend this "housecleaning" into our professional ranks and our journalism. Don't for one moment think that I believe conditions are so very rotten that they are hopeless. But they are bad enough to need your attention and correction before our organizations suffer a violent eruption of reform.

**National Association Journal Advocated.** We have some excellent material in the profession, and we could obtain, if these men would serve, a staff of great ability. If the National Dental Association would undertake the publishing of this journal, I am confident after its initial year it would be more than self-supporting from its two sources of revenue, the subscriber and the advertiser.

The editorial staff might possibly be obliged to serve the first year without salary. After that I believe they would not suffer for just compensation for their services to their profession. There should be an editor for each of the several important departments that would comprise such a journal. These, with an editor-in-chief and a business manager, would

## ITEMS OF INTEREST

constitute the editorial staff, which I would place under the jurisdiction of the National Association, electing each member separately and for a term of office.

Further, I would seek for the best writers by purchasing original papers, thus persuading the busy men in our profession that they could profitably spare from their daily practice time for their compositions.

It takes time, and often the expenditure of no little amount of money to procure material, make experiments and institute investigations for a paper of importance. You and I profit by the results of these labors, and we should, and it is our desire to, compensate these men for their work, the good results of which we share with them. But we have been at a loss for a proper method of doing so. Here it is. You and I, by our support to just such a national journal, open a way.

What will be the result? The writer and investigator in our ranks will be stimulated to great activity. You and I will take greater interest because we are sure of the best that can be procured; and between the instructor and the student in our profession, will be a live national organ.

I would have this journal publish a review of the proceedings of the state and local societies as supplied by them, thus making it of local as well as national interest to every section of the country. Review books and papers from contemporary journals, report on new instruments and appliances, and report from time to time the progress of the several committees of the National Association, thus keeping in constant touch with any important matters in the National organization, instead of waiting twelve months for a hasty report.

In the editorials of the journals now published, do the editors report upon new instruments, preparations and methods employing these new instruments? Most of them have a department for the review of books and magazines, but nothing is said of the products of the manufacturer. Of these you must know only what the manufacturing publisher wishes you to know; and here he uses his journal for his purpose. No adverse views of the profession are sought, and I am sure would never be published were they offered. The position of the manufacturer in our midst—for he most decidedly has stolen into the fold of our profession—has become more unpleasantly secure than we realize. This is well illustrated by the following incident which occurred to the writer last month. In the presence of another member of our profession, one of the manufacturers said to me that the dentists themselves could not hold a convention or publish a journal; that they were always compelled to fall back upon the manufacturers and supply house proprietors. He referred in a most disgusting, deprecatory manner to *The Journal of*

the New York Institute of Stomatology and American Academy of Dental Science, saying that when they sent him the prospectus of their advertising pages he turned them down coldly because, being a strictly professional publication, it would never have a good circulation. We are compelled to acknowledge, gentlemen, that what this manufacturer said regarding our journals and conventions has been all too true, and to make matters worse, they know this. That knowledge has been their strength and our weakness. I appeal to you to reverse this order of things. You can do it, and great will be the benefits to the dental profession.

The medical profession are to-day in the midst of a great struggle, seeking emancipation for themselves and their literature from the venter of nostrums and the proprietary medicine manufacturer, and their noble efforts are sure to be crowned with success. Before we become weaker in our refusal to exercise a personal and professional responsibility in editing our own journals, let us throw off this yoke of imperialism and censorship established (I may say without any set desire toward coercion) by the dental manufactories and supply houses. Let us emancipate our literature from this unprofessional and unscientific production.

Have you ever carefully examined the so-called journals of the dental profession to-day? If so, then how many of this great number can you unbiased and sincerely say are worthy of your perusal? How many of them can you read with pride and with profit? There may be one or two, but you will find them as I have stated, the property and advertising media of supply houses. Already have a few made the first step in the right direction by placing before us a journal which is the official organ of some prominent dental societies of the East, and their first numbers justly command our commendation. But this, gentlemen, is not enough. This journal should be national in its scope—the official organ of our National Association.

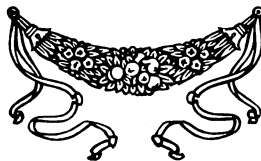
While abroad recently I took occasion to discuss this matter with several of our prominent dentists in Europe, and received from all an endorsing opinion. They would welcome just such a representative American paper. And, as our ethical dental schools become the model for Europe, so would our journal stand in their field of dental journalism. You are all perhaps acquainted with the *British Dental Journal*, in which we have an example of a truly professional paper. Notice, I did not say ideal nor faultless, but truly professional. Another example of a truly professional journal is the *L'odontologie* of France, in which country I am told there are no less than three dental journals published by the profession; while Italy and Germany each publish two. Let us have at least *one* in America.

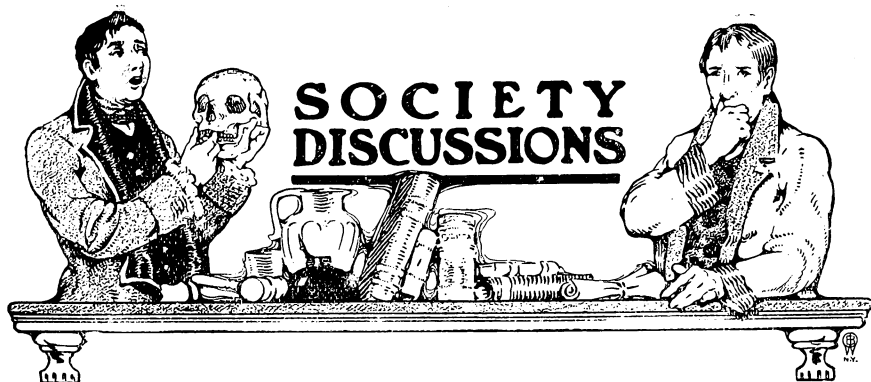
## ITEMS OF INTEREST

The vital needs of the dental profession to-day are a harmonious organization and a representative national journal; that will encourage right thinking, help secure from time to time needed reforms and promote and encourage the highest interests of both the laity and the profession. And such a journal as I have roughly outlined and advocate will produce and preserve such a degree of harmony in our National Association as has not been enjoyed for several years.

This is not a chimerical dream, gentlemen, but the briefest outline of a sound and practical plan, one that has been tried and found favorable in almost every profession. Look at the one to which we are closely allied. Why, even its various specialties publish their own individual journals. The lawyer has his and the chemist has his. Does the engineer allow some *get-rich-quick mining company* to publish his journals? The biologist and astronomer reads of things earthly and things heavenly, not as dictated by some lens publisher, but as set forth by a brother scientist. But here is a profession, American through and through, that is lacking the great essential agent, journalistic representation before the world. Then let us have a wholesome dental magazine by literary, scientific, practical and ethical dentists.

These ideas, their deductions and conclusions, have been strengthened but not formed by the opinions of others, and any adverse criticism they may call forth will be borne by the writer—this in testimony of his sincerity, "For he who freely magnifies what hath been nobly done, and fears not to declare as freely what might be done better, gives ye the best covenant of his fidelity; and that his loyalest affection and his hope waits on your proceedings."





### **Central Dental Association of Northern New Jersey.**

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A regular monthly meeting of the Central Dental Society of Northern New Jersey was held at Achtel-Stetters, Newark, New Jersey, Monday evening, March 18, 1907.

In the unavoidable absence of President Marshall Vice-President Hane took the chair.

The Chairman called the meeting to order.

The Secretary called the roll and a quorum was found to be present.

The minutes of the last meeting were read and on motion approved as read.

The following applications for membership were received, and on motion took the usual course:

Edward L. Wharton, B.D.S., Newark, N. J.; sponsors, Drs. Truex and Baker.

Ralph W. Waldron, D.D.S., Newark, N. J.; sponsors, Drs. Sutphen and Meeker.

The following resignations were received and on motion accepted: Dr. William T. Cook, Dr. Eugene S. Taft and Dr. Edward H. Webb.

The resignation of Dr. David C. Baker as chairman of the Dinner Committee was presented, and on motion accepted with regrets.

On motion of Dr. Meeker, regularly seconded and adopted, Dr. W. L. Fish was selected to take the place of Dr. Baker on the Dinner Committee.

The Chairman then introduced William Cummings Fisher, D.D.S., who read a paper published in this issue.



## ITEMS OF INTEREST

### Discussion of Dr. Fisher's Paper.

I did not expect to open this discussion, and I am  
**Dr. Chas. H. Meeker.** only doing so in order to make way for the intellectual giants who come later.

This paper is another demonstration of the fact that the C. D. A. is the most unique society in the country, because it is perhaps the most independent dental society. From the inception of our meetings we have allowed everything on dentistry—and in some cases papers that were not on dentistry—to be read, and every gentleman who has read a paper has received respectful consideration and there has been thorough discussion of his essay. Indeed, we once had a crazy man read a paper before us, and the poor fellow died the very next week.

Dr. Fisher suggested in his paper a national dental journal with a large editorial staff; it might be a very good idea provided every editor could be a law unto himself, and if there was no chief editor to prevent his associate editors from inserting any articles they thought proper. And if that were not done it would, after all, be only what the essayist calls "a one man journal."

When we leave the dental college we are grounded theoretically in our profession, but have not experience, and we gain our clinical knowledge in our business as we go on through life day by day. That is how we gain experience, and when it is extensive enough we can almost at a glance diagnose a case and tell what the difficulty is.

So it is with the editor of a dental journal of experience; from his knowledge gained by constant work in that direction he is able to tell almost at a glance the value of any article contributed to his journal.

So far as editors being dictated to by the owners of the dental publications in their charge, I wish to say most earnestly that there is one editor whom I have known intimately for many years, and I am sure he could in no way be dictated to as suggested by the essayist. Two other gentlemen and myself have been in the habit for more than ten years past of meeting this editor almost every Friday, and at those meetings journalism has often been discussed. Thus I know positively that Dr. Ottolengui, the editor of *ITEMS OF INTEREST*, has never been dictated to by the owners of the journal as to what he should publish therein.

I am very glad indeed, after waiting for ten  
**Dr. Ottolengui.** years, at last to have an opportunity, in a society where I have numerous friends, to personally answer this oft repeated slander, for it is nothing short of slander to state that the men who are editors of trade journals in this country have

## SOCIETY DISCUSSIONS

sold themselves for their salaries to the houses owning the magazines which they edit, and no man should make an insinuation of that kind without positive evidence to support his assertion.

I have edited a great many essays, but I have never read one of this brevity which contained so many inaccuracies as the one which I am now to discuss, and I will discuss it *seriatim*.

The condition referred to as the ownership of practically all of our dental journals by either some dental manufacturing company or a local supply house, and the subservience of these journals to the interest of the dental house publishing the same, is the first subject to which I will refer.

The journal can not be subservient to the publisher unless the editor is a paid and obedient servant of that publisher. That means that Edward Kirk, C. N. Johnson, J. D. Patterson, Wilbur F. Litch, Barrett, Taft, Bethel, Line, Hoff and myself have been willing to sell our professional dignity, our honesty and integrity to trade houses; and it is not true, and the author can prove it. I quote from the paper:

"These impressions were all the more intensified by the appearance last April of a western dental journal without an editor, the editor of that journal having been asked to resign by a dental supply house proprietor."

Dr. Patterson was not asked to resign. I have a letter in my possession stating the full facts in that case; he was not asked to resign; on the contrary, he was begged not to resign.

This is only a specimen of the lack of knowledge of facts which to-night's essayist presumes to criticise; and it is a curious thing that in the whole realm of criticism, critics are usually people who are *not* able to do the things which they set themselves up to criticise. The critic of painting could not paint a cow so that you would know whether it were a cow or a pump-handle; the critic of acting is a man who could not play any part in life save that of a critic of acting, and the critics of journalism know just as little about journalism as the other critics do of the subjects which they undertake to criticise.

Later on somewhere in the paper Dr. Fisher argues against a "one man journal," and speaks in favor of a journal that shall not have a supreme editor. Nevertheless, he criticises the western publisher now because he "has continued to place this journal before our profession without a responsible editor."

This (exhibiting pamphlet) is the western journal of which he speaks. In it we find a department of prosthetic dentistry conducted by Dr. F. C. Whortley, and a department of orthodontia conducted by W.

## ITEMS OF INTEREST

J. Brady. Dr. Root is also one of the editors, as is Dr. Hetrick, and the editorial in chief each month is signed by the man who writes it. This journal, at the present time, is not a "one man journal," but is one with a staff, which the essayist recommends on one page and condemns on another. He condemns this journal because it has no specified editor. But he lauds the journal of the New York Institute of Stomatology and allied societies, which has no editor at all, but is simply conducted by a publication committee. Their names appear in the magazine, but it has no accredited editor, which is the very thing for which the essayist condemns this western journal. I mention this to show the consistency (?) of the essayist.

There is one good thing in this paper, and that is a quotation from a man named Milton! (Laughter.) And in that we find one line which evidently escaped the attention of the essayist, as follows: "We should be wary, therefore, what persecution we raise against the living labors of public men." The editors of the journals attacked to-night are public men. Is it certain that they are not laboring for the profession of dentistry? Is it certain that they are working for pay and the advancement of publishers who happen to be trade houses, and not for the profession of dentistry? Is it certain that these men would do any less for dentistry than the essayist, or the gentlemen whom he has mentioned as worthy to conduct a properly professional dental journal? You know the men and can answer the question for yourselves.

Then the essayist continues:

"The hand of the dental manufacturers, or 'The Trust,' as it has been frequently called, is seen not only controlling our journals, but through the influence of these journals, exercising a partial—if not complete—control of the internal business of our dental societies, National, State and Local."

"When it pleases the owners of the journal, the proceedings of the more important societies are published."

That is a broad statement to make without specifications. What societies' proceedings have been left unpublished at the dictum of a trade house? What editor has been asked, by a publisher, to refuse the publication of the proceedings of what society? I ask for specifications in reply to these inquiries.

Then he proceeds:

"Does it seem unreasonable to expect that in these United States, with the vast number of ethical dentists therein, we can publish one dental journal of a national scope, that shall be a journal of our profession, for our profession and *by* our profession?"

## SOCIETY DISCUSSIONS

### **Journalism a Commercial Enterprise.**

Does the gentleman realize that the publication of a journal is not a professional work at all? Journalism is a commercial work, and all commercial work must be conducted along commercial lines or it will fail. No dental journal, nor any other journal that I know of, can be made a success in this country without considering the present competition. With the fact that a magazine like "Munsey's," and many others, can be bought for a dollar a year, no journal can be published and be a success without advertising pages. Why? Because the public have been trained to believe they have the right to obtain their magazines at a price which is less than the unprinted white paper costs the publisher. You cannot, therefore, make a successful commercial venture of a magazine—and unless it is a successful commercial venture it will not be a successful journal—unless you accept advertisements, and just so soon as you take advertisements you will find that your so-called professional journal will be just as subservient to its advertisers as any other journal. Indeed, much more so than a journal which is conducted by a trade house, and for this reason; the trade house which owns a dental magazine would be only too glad to exclude advertisements from its pages; it would be only too glad to have none but its own advertisements. Consequently the editor is entirely unhampered in doing anything he may please which will hurt the feelings of the other advertisers. But your professional magazine, conducted by your professional staff, would very quickly find that it must not publish anything in its professional pages which would scare away the people who were paying its printers' bills.

Here is a sentence to which I take personal exception:

"The literature of our profession—controlled by those who are absolutely without our ranks."

Is Dr. Kirk absolutely without your ranks? Is C. N. Johnson an outsider, and J. D. Patterson and Wilbur Litch, Norman Broomell, and all the gentlemen who are editors or associate editors of dental journals? Are those outside of the ranks? Those are the men who control the current literature of your profession; those are the men and no others who say what shall and what shall not be printed in trade journals. The trade houses would not dare to tell one of those men what to print and what not to print in the magazines, and I defy any man to prove to the contrary. (Applause.)

He further says:

## ITEMS OF INTEREST

"The *Journal of the American Medical Association* to-day reaches each week more than 47,000 subscribers."

(and they charge \$5.00 per annum for it, and five times 47,000 gives them capital.)

"And has become the leading magazine of the world."

The inference to be drawn is that it has become the leading medical magazine of the world because it is exclusively a professional journal. We are told that there are exclusively professional journals in Germany, France and England—are they the leading dental magazines in the world? Not by any means. Leaving *ITEMS OF INTEREST* out of the question, does not the *Dental Cosmos*, owned by a trade house, stand higher than any of these professional magazines that have been named? Does it follow then that trade connection necessarily mars a journal, or does it not follow that the integrity and honesty of purpose and intention of the editor has something to do with it?

Then he says:

**The One Man  
Journal.**

"Give this journal an editorial staff with an editor-in-chief, instead of placing it in the hands of any one journalist, for I would have you keep as carefully away from the *one man journal* as you would from an undesirable publisher."

Here we have the amateur telling you how to run a journal! There is not a successful journal of any kind on earth that has not one particular man responsible for everything that goes in it, and the trouble with the western journal spoken of by the essayist is that there they tried to deprive Dr. Patterson of the right of saying what the special editors should print; and there they failed, because they ceased to have one man in authority. You would have Bedlam in any publishing office were there more than one man in authority. There can be but one policy in one magazine, and that policy must be controlled by one man, and he must be held responsible. Let him retain his place so long as he is successful and be turned out when he is unsuccessful to give place to still one other "one man" who will replace him. Think of the New York *Herald* with every page conducted by a different man; think of any journal or newspaper in the world conducted by a staff which is not subservient to the directions of the editor-in-chief! No such proposition would come from a professional journalist I assure you.

## SOCIETY DISCUSSIONS

Then Dr. Fisher says:

"If it obtain any degree of conspicuousness, if it reach a large circulation, if it meet the eye of many members of the profession, then that one man is talking to us—one man to all of us."

No editorial is written by two men, therefore whoever writes an editorial is talking to all the subscribers—one man talking to all. The editor never talks with the voice of the men who write signed articles, and thank God he is not responsible for what they say.

Let me complete that quotation:

"If it obtain any degree of conspicuousness, if it reach a large circulation, if it meet the eye of many members of the profession, then that one man is talking to us—one man to all of us. Unless he be remarkably strong in professional ethics and integrity, he will become a politician."

Now that is interesting! That means that all of the editors of dental journals are strong in integrity and ethics—because none of them are politicians. I do not know one who is a politician.

Dr. Fisher further says:

"The journal with an editorial staff will be superior to the one man staff in that it furnishes the judgments and opinions of several as against one, and oftentimes those opinions may be expert in the several departments, when one man, be he ever so large mentally and practically, can not be expert in all departments of the profession."

That is only a plea for a staff of men on the journal where there are departments, and is in that sense perfectly proper. A magazine which has a number of departments might very well have specialists in charge, yet in each department that is "one man talking to you" in the same sense as in your present dental publications. But I believe that a magazine which has departments and a departmental staff should have an editor-in-chief, because your magazine is an educational enterprise which aims to teach, and your editor-in-chief should see to it that one department should not teach something entirely opposite from that which the other department teaches.

Now we come to the D. D. Smith proposition:

"Dr. D. D. Smith, of Philadelphia, in a paper read before the Minnesota State Society last June, said that he had found the columns of the dental journals closed to his articles on 'Oral Prophylaxis'."

\* \* \* \* \*

"'Trust journals,' as he styles them. He does not hesitate to mention names and dates, narrating his fruitless efforts to reach the pro-

## ITEMS OF INTEREST

fession through the columns of the *Cosmos*, the *Digest* and the ITEMS OF INTEREST. If the facts are correct as set forth in Dr. Smith's paper (and if they are not it would be well for these editors to deny them), then is our journalism subject to the most deplorable imperialistic and coercive influence."

I wrote the essayist and asked him to bring me those facts and dates.

**Dr. Fisher.**

I have them and will give them to you when I close the discussion.

**Dr. Ottolengui.**

I can not answer them then. I would like to have them now.

**Dr. Fisher.**

You are discussing the body of my paper, Dr. Ottolengui.

**Dr. Ottolengui.**

Evidently if the gentleman does not wish me to answer I can not answer, but if the society wishes me to relate my experiences with Dr. Smith I am perfectly willing to relate them. Does the Society wish me to continue? (Cries of "Go on, Go on.")

**Experience with  
Dr. D. D. Smith.**

Dr. D. D. Smith is a gentleman having a great deal of ability, but I deny the propositions herein set forth.

"If he or any other reputable member of this profession has something that he considers worth the attention of his fellow practitioners he should have some means of placing them before us."

Follow that rule and every man in the United States who thinks he has something of importance must find a place in your magazine. You might as well have no editor, a proof-reader would be quite sufficient.

I do not remember having refused any manuscript from Dr. D. D. Smith. I do recall this circumstance. I publish for the New Jersey State Dental Society; Dr. Smith read a paper before that society which was written in pen and ink on approximately six pages of manuscript. Dr. Smith, if I remember rightly (and I beg his pardon if I am wrong), wrote and asked me for the paper to be returned to him for revision.

He retained it beyond the time when it was possible for me to use it in the number in which I had indicated to him, and I then wrote a courteous letter reminding him of my previous request, and asking him for the return of his manuscript. To my utter amazement he sent me a printed pamphlet covering about fifteen pages of printed matter as his paper read before the New Jersey Society. I wrote and told him I

## SOCIETY DISCUSSIONS

understood that the paper read before the society was the property of the New Jersey Society, and that since he had seen fit to set it in type and print it in pamphlet form I thought I had the right to ask him if he did so with the idea of using it in pamphlet form, and if so whether he intended to distribute it prior to its publication in *ITEMS OF INTEREST*, because if he did, we would not publish it, as we do not publish private pamphlets in our magazine, and if he had decided to make a private pamphlet out of what was the property of the New Jersey State Dental Society, I should prefer not to print it.

He wrote back and told me that he had long known that editors of dental papers took themselves with unnecessary seriousness, that they entirely overlooked the fact that they were merely editors and not gods, and that they have no superior intelligence and no superior rights over other men, and a lot more of a similar kind that I need not recall at the present time; and he added that he believed it was his personal right to have his paper set up in type for his own convenience in reading and revising, and that he would promise me that he would not transcend the high rights of *ITEMS OF INTEREST* by publishing his pamphlet prior to its publication therein. I took the gentleman at his word and published the paper, telling him what issue I would print it in. He sent a copy of his printed paper to Dr. Bethel and asked him to print it in his magazine. Dr. Bethel wrote him, stating that he understood the paper had been read before the New Jersey Society, and was therefore its property in the first place, and secondly, the property of *ITEMS OF INTEREST*, and that he could not take the liberty of publishing the paper without the permission of that Society and of that journal.

Dr. Smith wrote back to Dr. Bethel and told him that he was only one more of the general class of impertinent editors with whom he had to deal, and he would strike Dr. Bethel's magazine off his subscription list and make a personal complaint to the owners of the magazine. I believe Dr. Smith's contributions, his clinics and his published papers have done a great deal of good, but Dr. D. D. Smith is very fond of having his material printed as he wants it and when he wants it, and for these reasons I have no doubt that other editors feel just as I do, that the material is not worth the trouble it takes to get it.

I have no recollection at all of positively refusing any material of Dr. Smith, nor do I remember ever having told Dr. Smith I would not publish for him; I rather fancy that Dr. Smith has just imagined it—but by chance he has a very good imagination.

Then in Dr. Fisher's paper he says:



## ITEMS OF INTEREST

### **The Second District Society Incident.**

"As another illustration of this influence, let me narrate this recent incident in one of our dental societies. The Chairman of the Executive Committee was the editor of a journal. This journal had been sharing the expense of the stenographer who reported the society's proceedings. The Executive Committee thought that the journal should bear the entire expense of the stenographic report, so the Chairman in his report to the society said, and this in a pleasant, patronizing manner, that the Chairman of the Executive Committee had persuaded the editor of the journal (that is, he had persuaded himself) to bear the entire expense of the society's reports."

One may say a dog weighs forty pounds or that a man is seven feet high, but when you say that a man talks to a society in "a patronizing way," that is merely the reflection of your own mind. I am the man, and I did not intend to patronize that society by any manner of means. That is simply a reflection in a mirror; a faulty mirror.

I have invited the President of the Second District Society to-night, as well as the Chairman of the Executive Committee, at the time when this matter was first brought up in this society, and I hope they will be allowed to speak on this subject.

Personally I fail to see how it could possibly be any reflection on a society, professional or otherwise, for a journal which prints a report of its proceedings to supply its own reporter, and I fail to see how that places the society under any obligation.

It is the custom in reportorial work that the reporter shall be a man furnished by the journal sending him to the meeting. Consequently if ITEMS OF INTEREST pays for the stenographer, it pays, not any of the running expenses of the society, but simply for the matter which it gets. A recommendation which the essayist has made is that a journal should pay for the material which it prints, therefore I fail to see the reflection on the society, but I would like to call the essayist's attention to this point. I admit the right of any one to comment on the published reports of a society's proceedings, but the private business of a society is private, and no gentleman with any refinement of feeling would introduce into a paper which he intends shall be published, a report of some of the private business of a society where he was the guest.

Dr. Fisher says:

### **Paid Contributions.**

"What will be the result? The writer and investigator in our ranks will be stimulated to great activity. You and I will take a great interest because we are sure of the best that can be procured; and between the instructor and the student in our profession, will be a live national organ."

## SOCIETY DISCUSSIONS

Now I differ with the gentleman there in a perfectly friendly spirit. I believe that the real investigators, the real students, the gentlemen that burn the midnight oil, do not burn it for money. I do not believe that Black would have dug out any more scientific facts at a dollar a piece than he has for nothing, and I do not believe that Williams or any of those men would do so. The truth is that the real scientist is a man in love with the investigation which he makes, and having made it, he gives it to his co-workers. The promise of money does not furnish this spirit as the Institute of Stomatology, I believe, has discovered. I think they offered two hundred and fifty dollars to stimulate that kind of work, and they did not get it. I have thought of that many times—we have plenty of money, I never ask the publishers what I shall spend, and could easily offer cash for papers, but I should simply be inundated with trash that I should have to read over and return. The real investigators are not writing papers for cash, they are writing them for charity; they are solving problems for the love of solving them.

Then Dr. Fisher says:

**New  
Instruments.**

“In the editorials of the journals now published, do the editors report upon new instruments, preparations and methods employing these new instruments? Most of them have a department for the review of books and magazines, but nothing is said of the products of the manufacturer.”

That is not true. I see no reason why an editor should make it his business to experiment with all the new materials that come out and publish the results. But if he did it would be “one man” talking about it, and you would be told that all these fellows were in a trust and that it was only an advertising dodge. Personally I am very careful to see, speaking for the magazine itself, that we shall not boom the things that are advertised for sale. But where a dentist finds something useful to him and writes an article about it and sends it to me I make no investigation, but print it. I remind you of Dr. Hart Goslee’s articles, which ran for several years in our magazine, in which he recommends various products and goods for sale by manufacturers distributed all over the United States. All of them were, however, tried and tested by himself, and therefore we were willing to publish those articles.

The essayist further says:

“No adverse views of the profession are sought and I am sure would never be published were they offered.”

## ITEMS OF INTEREST

That is one more blanket insult to all the editors, which is absolutely false so far as I am concerned.

I want to say one thing about our practice. I do endeavor to protect persons, all persons in the dental profession except one—myself. If any gentleman in the United States has anything to say in criticism of myself and will send it to me we will print it; but if they sent anything in criticism of the C. D. A. I should probably send it over to the C. D. A. first to see whether they wanted it printed.

Oh, I think I have said enough.

I just want to say in conclusion one thing. I want to ask a question. I understand that Dr. Harlan is to follow me. Dr. Harlan has been the editor of a trade journal for a number of years, and I want him to tell us very frankly whether he was independent in his conduct of that journal, or whether the Justi Company told him what to do, what to print and what to leave out. If Dr. Harlan was free and independent in the management of his journal it seems to me he might have told his associate, Dr. Fisher, that at least there was one magazine where an editor was untrammelled, and that might have led to the suspicion in Dr. Fisher's mind that perhaps there were others.

I am going to ask Dr. Fisher, if he doesn't mind telling us, what he expected to gain by reading this paper.

I will tell you what I think is the object of this paper. This is an attack on trade journals; the very title of the paper is an attack, "Imperialism—Coercion," the whole trend of the paper is that the journal and its editor publishes what he pleases and keeps out what he pleases. Now this paper is a criticism of trade journals, a society has been selected for its reception which publishes its proceedings in a trade journal, and it seems to me that there is an effort here to test the question and put the editor of a trade journal in a position of either accepting something in criticism of himself and others of his kind, or else of rejecting it and so substantiating the claim of the writer.

I want to say right here that I personally shall refuse to edit this material, but I shall print whatever the society desires me to print.

(Applause.)

The Central Dental Association, as stated by  
**Dr. H. W. Harlan.** Dr. Meeker in his opening remarks, has not only listened to, but has invited, discussion on all topics relating to dental practice, dental journalism, etc., and so far as I am concerned I did not come here to discuss Dr. Ottolengui's remarks at all, and I do not intend to; I simply came here to discuss the paper of Dr. Fisher.

## SOCIETY DISCUSSIONS

I did not see his paper until it was typewritten, I did not know what he was going to have in the paper, and did not suggest to him even the writing of the paper. Consequently I am in the same position here to-night as every other member of the society. I have read the paper because I received a typewritten copy last Tuesday or Wednesday. I looked it over and I said to Dr. Fisher, "You must not be surprised if I should make some remarks which will not be pleasing to you," and Dr. Fisher said "Go ahead."

Dr. Ottolengui asked me one question in his discussion which I will answer now.

I was the originator and organizer and furnished most of the money for starting the *Dental Review*, of Chicago, twenty years ago. I had four associate editors in the beginning, who contributed small sums of money which I gradually replaced, and became the sole owner. After publishing it for two years I found that it was impossible to attend to the business of the management, the duties of an editor and the conducting of my profession, as well as acting as a professor in a dental college, so I sold the journal. I sold it to the house of H. D. Justi & Son, with the privilege of editing it in my own way. I had not been editing that journal more than two or three years when the very thing that Dr. Ottolengui says has come to him, in one way or another, came to me. An advertiser, who was not the publisher, took a page or two pages, and expected reading notices connected with the advertisement. Several times during my experience as an editor those clippings were sent to me with the expectation that they would gain entrance to the journal. Well, they did not. So sometimes there was a little friction, and I resigned the editorship and stayed out one year; then the publisher wanted me to edit the journal again, and from that time until the time I ceased to edit it, intimations that I should publish clippings favorable to the things that were in the advertising pages never came to me.

This goes back twenty years, and it appears to me now there are only a few dental journals that do publish reading notices. I do not think I ever saw one in *ITEMS OF INTEREST* nor in the *Cosmos*, but I do remember some journals where such notices appear, and it is not necessary for this discussion to mention those, for I could not put my finger on any particular thing.

One thing I noticed during my editorship, which covered a period of sixteen years; if a paper read before a society spoke disparagingly of some of the products of the house that published the journal, they were very anxious that it should be put very mildly, and if it spoke very favorably of the product of some other house, well, I would hear: "What is the particular necessity for publishing that." They would not put that

## ITEMS OF INTEREST

in writing, but they would say it in conversation, or over the telephone, or something like that; so that you had the feeling that they would be very glad if you would print comments favorable to their goods and very glad if you would leave out comments favorable to their competitors. Those are some of the experiences I had in connection with publishing the journal.

I came here to-night to speak of dental journalism in a sense possibly different from what has been dwelt upon in the paper and in the discussion by Dr. Ottolengui.

I would contrast our dental journalism with the best examples of medical and surgical and professional journalism as found in this country. The articles found in journals like *The Therapeutic Gazette*, in the *New York Medical Journal*, in the *Journal of Applied Chemistry*, in the *American Microscopical Journal* and journals of that class are of a different caliber, and they are better edited as a rule than the articles which appear in our own journals. My idea of the functions of a dental editor is that he should edit; it is not necessary that he should write editorials, but that he should edit papers and articles so that they will appear in the plainest and smoothest and most understandable language. Some of the medical journals in this country do not have any editorials at all; they have notes and comments; while some of our dental journals publish the greatest mass of miscellaneous stuff about fires and robberies and divorces and personal matters of that sort, which are beneath the notice of any dignified, respectable dental, medical or any other professional journal. I allude particularly to things of that kind which appear in a journal like *The Dental Digest*, which pretends to speak for an association of dentists organized for protection; and to articles that appear in a journal called *The American Dental Journal*, and to a great many articles which appear in the one Dr. Ottolengui mentioned. There are personal items in that journal which have no place in any dental journal, in my opinion. Take the *Dental Register* and no such offensive articles are published there at all, or the dental journal published in St. Louis called *The Dental Era*, and nothing of that kind appears. I am happy to say nothing of the sort ever appears in the *Cosmos* nor the *ITEMS OF INTEREST*, and I do not think there is anything of the kind in the *Dental Brief*. But several of the others publish cheap witticisms and news summaries and so forth that have no place in any dental journal, and I wish to condemn that species of journalism as being demoralizing and not uplifting in any manner at all.

Dr. Ottolengui and myself have had some little correspondence with reference to these matters, and I do not approve of Dr. Ottolengui's method of editing a journal; I told him so frankly, I have told him so

in writing, because I consider it is the function of an editor to edit, and it is not necessary that he should preach. If he has some matter of paramount importance to the profession concerning which he has special knowledge, or upon which he has thought much, then it is his business to talk about it; but if he wants to talk about professional things and bring them up as though they were of the greatest importance to the whole profession, I negative that. What we need in this country is better educated editors, men who can discriminate and men who have encyclopedic information themselves. Our editors tell us things that are of the most elementary character. Of course, I do not say that all Dr. Ottolengui or Dr. Kirk or Dr. Patterson or any of them do is only this.

Look at the journals published in Europe to-day. But how do you know what is going on in Europe? Dr. Ottolengui says, "Excluding ITEMS OF INTEREST our American journals have more influence in the dental world than all the others put together." Most of the editors themselves can not read the productions that are published in the foreign journals. Some of the most scientific papers are published in France, Germany and Austria, as well as in England, and do we know about them—is any summary of them published in any of our American dental journals? Very few indeed. Once in a while I used to see a translation in the *International Dental Journal* from the German or French, and recently in the *Cosmos* we have had translations from the Spanish and French, as well as in some other journals, but very little indeed. I say, for the credit of American dental journalism, that our editors, no matter if they be employed by manufacturing and supply houses, should make it their duty to acquaint you and me and every other member of the profession in this country with what is taking place in the scientific world outside of America, and I think that our dental journals fall short in that respect. There are many matters of technique, for instance, in the subject that Dr. Ottolengui likes to toy with so much, orthodontia, in Sweden, Norway, Denmark, Russia, Switzerland and other countries of interest to us, for there are other thinking men and other ingenious men and other men who have had ideas outside of this country, and we ought to have the benefit of them; and when a man publishes an article on orthodontia or on operative dentistry or histology or something of that kind he ought to have a knowledge himself of the language in which these thoughts are published.

I did not come here to-night to talk about any personal grievance. I was attacked when I was an editor and did not care anything more about it then than Dr. Ottolengui does now; it just simply fell off my back like so much water because I was the responsible editor and there

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was nobody else had any authority of that kind. But I do not agree with Dr. Fisher about a staff. I would not—excuse me—give a damn for a staff, because if the staff does not know as much as the editor you can not get along. It is the editor's business to correct the mistakes that are made, and Dr. Ottolengui made at least one good point when he said that we cannot have one kind of teaching in one part of the book and another in another part.

Why, this paper, Dr. Ottolengui, is a very good thing for you and for me and for the Central Dental Association because it makes us all think. What are these gentlemen here for? They want to know what we think, and if I have anything worth telling them I stand right up in front of them and tell them to their faces. I say that you and Dr. Kirk and Dr. Bethel and all the other editors fail to do your duty in not keeping the American dental public acquainted with the thoughts and inventions and scientific researches of our friends in foreign countries. We are not the whole thing by any means. What do you suppose we have an International Dental Congress for, and an International Society, presided over by such men as Michael Foster and W. D. Miller, except for the bringing together of these men and rubbing together of their ideas and thoughts so that they may be beneficial to this country. We need these things so that we may have the best thoughts and the best work and the best endeavors of all the best men, of all the journals in this and every other country.

(Applause.)

Dr. Ottolengui brought up the point of publishing the private matters which occur in society meetings, and it does seem to me that if that is to be done it will become necessary for us to go into executive session when business is to be discussed. The making public of anything heard by a visitor to a society seems to me very much like a guest in a household going outside and repeating family matters. It should be remembered that whatever the society desires should be public property is published in due form.

But leaving that phase of the question I will say that the gentleman who has charge of publishing reports of our proceedings was told a year or two ago that if they were worth publishing they were worth sending a reporter after, just as a newspaper does. If a supply house thinks that it can control the business of the society by paying for the reporting of the proceedings, I should like to know why they waited a year or two before they consented to that arrangement.

But I think that sufficiently answers the point as far as the buying of the society is concerned. If there was any coercion in this case, as suggested by the essayist, I think it was on the part of the society which

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forced the journal to pay for the report of the proceedings. Furthermore, we stipulated that the typewritten report of the proceedings should be furnished to us, and only such matter published as we return to the editor for publication. I fail to see where we were coerced by the supply house.

I do not think the suggestion of publishing a journal under co-operative plans would be successful; there would be required a committee or staff to select papers for publication, and there would doubtless be a great deal of dissatisfaction with the character of the articles published. But that part of the discussion was very well covered by Dr. Ottolengui and I do not care to go any further into it.

I merely wish to vindicate the Second District Society and to point out that the poor downtrodden editor was coerced by us and not the society by him.

I came here to be entertained, and I have been  
**Dr. R. M. Sanger.** entertained very pleasantly. The literary effort of the essayist was entertaining, and I was reminded while he was reading his paper of the story of the young lady who was reading the Bible and suddenly looked up from her reading and said, "Grandma, Grandma, here is a typographical error in the Bible." "Kill it, my dear, kill it," said Grandma. It seemed to me the essayists position is very much the same as that of the young lady who was importuned to kill the typographical error in the Bible.

The subject of trade journalism, so-called, is one that has been in my mind for a long time, and I have looked with a great deal of anxious thought over the various journals which I read to find some flaw through which I could attack their position. I have failed to find as yet any trade journal in which its publishers were particularly lauded, or to find any editorial where the publishers were set on a pedestal as against their competitors, or a journal used for the exclusive benefit of the men who were paying the bills. Yet I have a sort of vague idea that we have had in the history of our profession one or two independent journals which have died because of the lack of money to carry them forward, because of a lack of support on the part of the profession; and the reason the profession did not support them was because they were getting just as good or better material for less money. After all we, as men, are controlled somewhat by the financial side of the question, and while \$5.00 is not so large a sum yet I do not think there is a man in this room who would pay \$5.00 for an independent journal when he can get a superior trade dental journal for \$1.00.

For that reason it seems to me that this is a tempest in a teapot; it seems to me that the paper, which is an admirable one in its way, is



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based on a wrong premise, and that its writer has conceived the idea of being called to the high mission of a reformer in order to reform something that does not need reforming.

It is not my purpose to defend editors of dental journals, nor to uphold the views of the essayist in the main. There is one point, however, that I deem it my duty to speak on, and as Dr. Ottolengui and Dr. Gould have both touched on that subject, my remarks must be to an extent a reiteration of what they have said.

I am astonished that a gentleman who poses as a teacher of ethics before this society should be guilty not only of a breach of etiquette, but of a breach of confidence, in bringing before us, in a paper to be published, the private business of a dental society of which he was the guest. As Dr. Gould has well said, if such things are to occur, our business should be conducted in executive session.

There was no need for Dr. Ottolengui to mention the name of the Second District Dental Society; there is but one society in this neighborhood, the chairman of whose executive committee is the editor of a dental journal, and it is for this reason that I feel warranted in speaking on this subject to-night.

As the matter has been made public, as chairman of the executive committee during the year prior to that in which Dr. Ottolengui held that position, I desire to state positively that an effort was made by that committee to have the dental journal publishing our proceedings bear the expense of reporting them, for just the reason that Dr. Gould has mentioned. We considered that we had valuable matter for publication; if that matter was worth publishing and our society bore the expense of producing it, the least the journal could do was to send their own paid reporter, and that is all they do.

I have been an officer of the Second District Dental Society for a good many years, and have been familiar with all the workings of that society covering a period of fourteen years or more, and I can declare authoritatively that the statement made by this essayist that "That society sold out to that journal for a few paltry dollars," is absolutely unwarranted and false, and that he has no right to make use of such matter, in the first place, and absolutely no proof to substantiate his assertion in the second place.

I have nothing further to say, for the subject has been well covered, but the idea of making such a statement as that the society sold itself out to that journal and then that the dental supply house owns the editor of the journal—why, it is disgusting.

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**Dr. Kemple.** I am afraid if I should attempt to speak on the subject of dental journalism I might be placing myself in the position described by Dr. Ottolengui—that of an amateur trying to tell a professional how to run his business. But I feel, as some of the men present here to-night who have spoken have expressed themselves, that a great many of the dental journals published to-day by the trade houses and dental supply houses have published matter of great value, and I do not know where the dental profession would have been, so far as the literature is concerned, if it had not been for these so-called trade journals.

**Dr. S. C. Watkins.** I was very much interested in the paper, particularly in the sincerity of the gentleman who read it. He seemed to me to be very sincere. That is the only thing I can say for Dr. Fisher. I do not think I need to say anything for the other side, the trade journal, for I think it has been very thoroughly defended.

However, I do not see how we could get along without the trade journal. We have had the other journals, and they have failed; there may be a time come when the professional journal will come to stay, but thus far it does not seem to me that that time has been reached.

**Dr. Ottolengui.** I desire to say a few words in reply to Dr. Harlan. I notice he admits that there was no coercion put upon him by his supply house, only a few suggestions; and it is a puzzle to me how those suggestions reached him. He said that if a paper was read condemning a Justi product the hope was expressed that it might be treated with mildness, and if a paper was read praising some product of a rival, the hope was expressed that it might not be necessary to print it. That would seem to indicate that he consulted with his publishers.

On the question of policy that Dr. Harlan outlined I must say that there may be many kinds of journalism, and the question of policy is but a question of policy. It does not follow that Dr. Harlan's journal, as he outlined it, would necessarily be better than a journal with a different policy. If a journal were published which gave a digest of the foreign literature it would undoubtedly be a valuable journal with a valuable policy, but I do not think it follows that a journal which has not that policy is, necessarily, to be condemned. I mean nothing at all against the foreign magazines. We have tried Dr. Harlan's scheme. We had an interpreter who could read seventeen or eighteen languages—that is, everything from gibberish to Hebrew—and I had him translate from all the foreign magazines the titles of the articles and the names of the authors, and then such papers as seemed to me to promise some-

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thing. Only a very short time ago, in clearing out a desk, I found two drawers full of that manuscript which, after having been translated and typewritten, I was unable to use. We did for a time publish what we called a department of "European Progress," but it did not promise well and we abandoned it, not because we got nothing out of Europe, not because we can not get anything out of Europe, but because we have a different policy, which is the taking up of special subjects by special writers. We have for a number of years, as you know, published articles by Dr. Hart Goslee on exceedingly practical subjects. We have for over a year had in preparation for us a series of articles on porcelain; they begin in the next issue, and will, from month to month, cover the entire field of porcelain work. We have in preparation another series dealing with oral surgery, such as can be practiced by a dentist, a series which will probably run for two or three years. It has seemed to me there was a field for a policy of that kind; that there is a field for the publication of special articles on special subjects by men specially adapted for the writing of them, and I fail to see why my policy is any worse than one which would lead me to translate *everything* published in Europe for the sake of publishing the scientific papers produced on the other side.

Every one missed the keynote, I think, except

**Dr. Fisher.**

Dr. Watkins: I thank you, Dr. Watkins, when you say I am sincere.

My paper was not written on the spur of the moment; it was originally intended, not as a paper for a society, but merely as a circular letter to prominent men in the profession asking them if they thought as I did to quietly exert their influence toward what I considered a needed reform.

I note that Dr. Ottolengui could not depart from his usual sarcastic deprecatory manner. But perhaps we should pity him rather than rebuke him. But probably he is only capable of taking one view of the subject, the one which will afford him an opportunity to display that disagreeable, sarcastic manner.

Dr. Ottolengui, in a paper read before the American Society of Orthodontists, made a plea for the expurgation of commercialism which he claims exists in the relations between the orthodontist and the dental practitioner. I challenge him and all other editors (there is nothing personal in this, I have never known Dr. Ottolengui personally; I met him to-night for the first time) to have the courage to extend his vaunted ideal of ethics to that journalism of our profession; to that evil that exists in a more flagrant manner and has existed for years, than the one which he attacks.

The time was, in our profession, when we did need the trade journals

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—and we need them now. I have not asked you to do away with the trade journal. I have pointed out what I consider to be a deplorable condition. I have asked for a remedy of that fault, and above all, I have asked for a new journal, the representative journal of a national organization. The trade journal is an evil that I think is more far reaching and disastrous in its effects than the one which he antagonizes in the relation between the orthodontist and the dental practitioner, and I would say to him, "First cast out the beam from out of thine own eye and then couldst thou see more clearly to cast the mote out of thy brother's eye."

I am glad Dr. Harlan has told you he knew nothing of my paper. He was surprised, and he told me, as another prominent dentist who called me over the 'phone to-day did, one I do not know very well, and who said, "Call me up to-morrow after the wreck. I congratulate you on your bravery, it is a pity that some of the older men in our profession have not earlier in the history of the profession seen fit to state what you are not afraid to state."

It has taken courage, gentlemen; I have felt timidity, for I am a young man; but do not deprecate the brain of a young man.

In regard to being the guest of a society and having brought one of their skeletons before you, to the president and members of that society I will humbly apologize. I did not dream that I was bringing one of your skeletons before the public; if I had known it was a skeleton, as you all admit and state it is, I would have left it in your closet.

**Dr. Hutchinson.**

Mr. President, I protest.

**Dr. Fisher.**

They admit it is a skeleton, something they did not want brought before you.

**Dr. Gould.**

No, Mr. President, it is private business, not a skeleton.

**Dr. Fisher.**

Am I to close the discussion of my paper, Mr. President?

**The Chairman.**

Dr. Fisher has the floor and is closing the discussion.

**Dr. Fisher.**

I ask you, is the man who writes for the secular press without compensation ever rated as high as the man who receives a check for his production? Subscribers read with a greater degree of interest articles which were thought worthy of purchase.

I still hold to my pet dream, if you call it so, of an editorial staff, although every one has been against it this evening.

Dr. Ottolengui wrote to me to-day saying he would like to have the facts I brought out about Dr. Smith.

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It is in an article published in *The Dental Review*, in a very old number—away back in the month of February, 1907.

**Dr. Sanger.** What is that date again?

**Dr. Fisher.** February, 1907.

**Dr. Sanger.** This last month?

**Dr. Fisher.** Yes—a very old publication! There Dr. Smith says:

“The article on ‘Alveolar Pyorrhea: Its Cause, Sequelæ and Cure,’ was read before the New York State Dental Society in 1903, and should have appeared with the transactions of that society as published in the *Cosmos* of that year. It was evidently ruled out, not by the society, but by the editor, Dr. Kirk, for reasons which may be considered some time later.”

Gentlemen, I am not defending Dr. Smith, I do not know him. Dr. Ottolengui has pictured Dr. Smith to you about as he is, as I have heard from other sources—well, they did not paint him quite as bad, but they said he was what we term in the profession “a crank.” So much in justice to Dr. Ottolengui’s remarks.

And the article says:

“Dr. Crouse, editor of that once independent journal, the *Dental Digest*, after a day—July 6th, 1903—in my office, where, with others, he saw the benefits of this system of practice exhibited in the mouths of about twenty patients, as he was leaving, placed his hand on my shoulder and said, ‘Smith, I will give you an editorial on this.’ Why is it that on this day Dr. Crouse has failed to present one word descriptive of what he then saw, or to give to the profession anything of his impressions respecting this most important object.”

\* \* \* \* \*

“Dr. Ottolengui, of the *ITEMS OF INTEREST*, has been invited to my office on three separate occasions to witness exhibits prepared for the profession. In each instance he has sent in reply what seemed to me to be a trivial excuse\* for not attending. He also has failed to make mention of the subject in any issue of the *ITEMS*.”

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\*The following extracts from correspondence will better enable the reader to judge as to the “trivial excuses” offered.—EDITOR.

Extract from letter to Dr. D. D. Smith, dated January 23, 1905:

“I regret my inability to have been present at your recent clinic, to which you courteously invited me, but I have a sister lying critically ill with a post-operative pneumonia, which not only made it impossible for me to leave the city, but has caused me to neglect my correspondence.”

April 18, 1906.

DR. D. D. SMITH, 1629 Walnut St., Philadelphia, Pa.

MY DEAR DR. SMITH: When I read your letter inviting me to attend your next exhibition, I determined to accept it in spite of your prophecy that I would not.

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"Journals of a lesser circulation at one time desirous of publishing these articles, apparently warned by the head of the trust magazines, have failed to do so.

"*The Boston Medical and Surgical Journal*, *The Philadelphia Medical Journal* and *The Cincinnati Lancet Clinic* have treated this matter with commendable consideration, two of these journals having published 'Systemic Infection' and two 'Pericemental Abscess,' with editorial mention."

It will not do for the editors of the journals to-day to underrate the critical faculty of the average reader, and when one of the members of the profession, although he is young and has been in your ranks a little less than ten years, has the courage to rise and criticise, I say with our esteemed Milton—and I am so glad to find some one whom Dr. Ottolengui would not attack—I say: "Be wary how you discourage the young men of the profession to-day. Do not trample on him. If he is wrong show him." He is glad to be taught, and if you older men in the profession do not teach us, where are we to get our knowledge?

Again I refer you to what Dr. Watkins said. I am all sincere; I think that my profession can edit a creditable journal, and if each and every one of you would give it the careful thought and study that I have, the result might be reached. For five years I have thought over it, have read every dental journal that is published and a great many of the medical journals, have compiled my facts from time to time, and have reached the conclusions set forth in my paper to-night.

The man who aims at a star may light on a rather high pinnacle some day. I cast this paper of mine toward a high star in dental journalism with a great hope that some little good may come out of it.

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Naturally, of course, I turned to my appointment book to see whether the engagements of that date could be put off, and to my regret I find that I have given from ten to twelve in the morning with an additional hour in the afternoon to an invalid lady who lives out of the city and for whom it has been planned thus far in advance that she should be brought to New York to have all that is necessary to make her comfortable done in one day. Under the circumstances I do not feel that it is at all possible for me to cancel this engagement. I therefore must risk your displeasure.

I suppose it would be wiser for me to stop this letter at this point, but since you have expressed a doubt as to my willingness to come to your clinics, perhaps it will *not* be amiss for me to say something that has been in my mind for a long time. Is there any reason why you are unwilling to invite Dr. Ottolengui to any of your exhibitions? It has seemed to me that in all three of your notes your invitation was extended to the editor of "ITEMS OF INTEREST" rather than to me. This makes me feel somewhat like an actor friend of mine, who told me he always looked askance at society engagements because he was so often asked to recite.

Yours very sincerely,

R. OTTOLENGUI.

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Mr. President and gentlemen of this society, and all who have entered into this discussion, I thank you.

On motion a vote of thanks was extended to Dr. Fisher for his paper and for the courageous manner in which he presented it.

**Dr. Gould.** We consider that we have a successful society in the Second District and that we have no "skeleton," and I therefore object to the word the essayist has used. As a matter of courtesy to our society we ask that the word "skeleton" be expurgated from the report of the discussion.

**Dr. Fisher.** Mr. President, I leave that absolutely with the executive committee of your society, sir.

**Dr. Ottolengui.** When I read a copy of this paper and noted the wording to the effect that Dr. Smith had claimed he had been unable to reach the public through the pages of various journals, including *ITEMS OF INTEREST*, I was much surprised, and I felt satisfied that the essayist must have some data, and I wrote and asked him for it.

I call your attention to the fact that he was unwilling to give me that data prior to closing the discussion, and that it now appears that Dr. Smith accuses me only of not attending his clinics and making reports on them.

I appeal to you whether or not it is a part of an editor's duty to travel to another city so that he might act the part of reporter of clinics in another gentleman's private office, and upon failing to do so whether he is rightly open to criticism.

On motion adjourned.





### **The Taggart Cast Inlays.**

Before the Odontological Society of New York, in January last, Dr. William H. Taggart, of Chicago, demonstrated a method of casting inlays of gold, using wax as a model and compressed air as a force. Prior to that date, who had heard of such a thing as a real cast filling? Yet within a few months numerous imitations of the Taggart machine have sprung into existence, and men have even already appeared at clinics, showing "Taggart Gold Inlays."

Has the profession been fair to Dr. Taggart in this matter? Considering the fact that Dr. Taggart's machine has not yet been placed on the market, had any one a right to imitate his method to the extent of using his name on clinic programmes?

Some of course will ask, "Why did Dr. Taggart show us this method and then not place the machine within the reach of all?" For a time this question was hard to answer, but the writer has been to Chicago, and knowing the interest that is taken in this matter, is pleased to be able to make a report on the present status.

Dr. Taggart is naturally of an inventive turn of mind. Unsatisfied with the existing modes of making gold inlays, all of which precluded



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the use of pure gold (except the laborious method of doing an actual filling in a metal model of the cavity), it occurred to him that it would be a great advantage to "cast" the filling. This problem he elected to solve, and he undertook this task with no thought of pecuniary advantage. But having solved it, and having given his demonstration in New York, he was at once overwhelmed with correspondence from two sources: manufacturers desirous of obtaining exclusive rights to make and sell the apparatus, and dentists eager to own one. Never has a profession been so impatient for anything as have the dentists been for a casting machine. Orders came from all quarters. But Dr. Taggart did not consider that his apparatus as shown at New York was yet perfect. He had previously made several casting machines, each of which accomplished the work, yet each one an improvement on its predecessor. If the men about the country who are making and selling "casting" machines would but visit Dr. Taggart's laboratory they would there more than likely find duplicates of their apparatus among the models which Dr. Taggart has abandoned.

It must be remembered that, not unnaturally, of the many orders for machines which reached Dr. Taggart a large proportion came from his personal friends. He therefore felt that he could not allow any dealer to make and sell his apparatus to his friends, and then within a few months place on the market his perfected apparatus. This explains the delay.

But Dr. Taggart has now practically perfected his casting apparatus, and his next public demonstration with it will be at the meeting of the New Jersey State Dental Society, which will be held at Asbury Park, July 17, 18, 19.

Dr. Taggart will not only cast gold fillings, but he has conceived the idea that as cast fillings must in the main be used for large restorations, or in preference to shell crowns, it will happen in many practices that the actual cost of so large a mass of gold would be so great as to be prohibitive. He therefore will exhibit a white metal for making cast fillings at low cost, which may be used where otherwise amalgam would be the resort, thus giving patients of moderate means the advantage of the cemented fillings, which has proven such a good tooth preserver.

Dr. Taggart will also show a combination gold and porcelain filling.



In places where the exhibition of gold would be unsightly, and yet where masticatory stress would seem to contraindicate porcelain, he casts an inlay of gold, having a box cut in it, in which he afterward fuses porcelain to veneer the exposed surfaces.

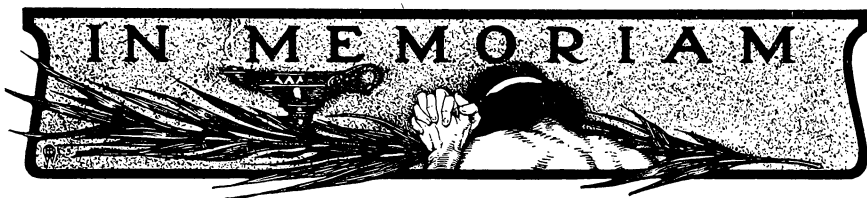
Undoubtedly it will be worth a trip to Asbury Park to see this demonstration.

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### **Brewster—Littig—Hart.**

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Within a period of a little over three weeks, three of the most prominent members of the dental profession in the Metropolitan district have died: Dr. Richard C. Brewster, Dr. J. Bond Littig and Dr. John I. Hart. Dr. Brewster was a member of the Second District Dental Society, and Drs. Littig and Hart were in the First District, but all three were members of the Odontological Society and all much beloved by the members thereof. Dr. Brewster died at his home in Brooklyn, after a long and painful illness, and a brief sketch of his career appears in this issue, as well as his portrait. Dr. Littig and Dr. Hart both died suddenly and practically without warning. It is a further coincidence that while Dr. Littig was the Professor of Prosthetic Dentistry in one of the New York schools, Dr. Hart was Professor of Operative Dentistry and was the Dean of the other school. The sad news of these two deaths comes to us as we are about to go to press, and fuller accounts will appear in our next issue. In the meanwhile we extend our sincere sympathy to the families of all three of our much beloved brothers.



### **Richard C. Brewster, M.D., M.D.S.**

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Dr. Richard C. Brewster, a much beloved member of the Second District Dental Society, died at his home in Brooklyn after a lingering illness on May 18th. Dr. Brewster was born in Middletown, January 14, 1844, his parents being Joseph and Charlotte (Newman) Brewster, also natives of New York. Dr. Brewster was one of seven children, four of whom were boys. He was educated in New York City and was a graduate of the College of the City of New York. He entered a business career in 1864, but during 1865 and 1866 studied law, after which he became identified with educational interests as a teacher in Goshen, N. Y. There he remained until 1868, when he began the study of dentistry. In 1878 he received the degree of Master of Dental Surgery from the New York State Dental Society and the Board of Regents. He then began a study of medicine in the Long Island College, from which he was graduated in 1890. While a student in that institution he acted as dental surgeon in the Long Island College Hospital. He was also a dental surgeon to the Church Charity Foundation of Long Island from 1872 until 1899.

He was a member of the Medical Society of the County of Kings, the Kings County Medical Association, New York State Society, the Second District Dental Society, the Brooklyn Dental Society and the Odontological Society of New York. Dr. Brewster was married December 21, 1870, to Miss Carrie C. Lasher, the daughter of Brigadier Philip H. Lasher, who survives him. The Doctor was a Past Regent of the Long Island Council No. 173 Royal Arcanum, a member of the Alpha Lodge A. O. U. W., and was a member of the Lincoln Club. For many years he was a member of the Board of Managers of the Church Charity Foundation. In the death of Dr. Brewster the dentists of the Second District feel that they have met with a keen loss. His genial presence was ever welcome at the meetings, and his advice often sought by the younger members. This Society is peculiarly indebted to him for the interest and energy which he displayed in building up its library. The



members of the Second District attended in a body at the beautiful services which were held over his remains on the evening of May 20th at his residence. The burial occurred at Goshen.

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### **Cornelius Ackerson Marvin, D.D.S.**

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Dr. Cornelius Ackerson Marvin, one of the best known dentists of "Old Brooklyn," passed away after an illness of three weeks, of heart failure, in that city, at the residence of his daughter, Mrs. Robert G. Langdon, No. 186 Gates Avenue.

Dr. Marvin was born at Tappan, N. Y., and was in his eightieth year. He began the practice of his profession in Brooklyn in 1852, and his office was for many years on Clinton Street. He was a member of the Brooklyn Dental Association, the Brooklyn Dental Society, the Second District Dental Society, the New York Odontological Society, was elected permanent member of the Dental Society of the State of New York in 1869, was Vice-President 1870, and President in 1873, and was elected an honorary member of the Dental Society of the State of New Jersey. He received his degree of D.D.S. from the Pennsylvania College of Dentistry in 1867, and was Professor of Mechanical Dentistry in the New York College of Dentistry, 1873 to 1876.

Dr. Marvin prepared many papers for the dental societies and the *Cosmos* (from 1865), and the State Transactions published many of them. He was as ready to debate as he was to present his own views, and many of his associates can remember the pleasure they derived when Drs. Hurd, A. H. Brockway, W. H. Atkinson, Jarvey and Marvin got interested, for they never talked unless they had something of interest to say.

In 1872 he removed with his family to Montclair, N. J., became a member of the First Congregational Church (Rev. A. H. Bradford), and was a trustee for twenty-five years. His pronounced Republicanism also led to many stirring letters to the *Montclair Times*. He was identified with the Republican Club as a member and officer. His social life in Montclair, as a member of the Montclair Club, of the Musical and Dramatic Societies and other interests was always for the betterment of his associates. His vacations were spent in Sullivan County with his son, and when the death of son and wife broke up the home, he lived with one of his married daughters, but retired almost entirely from his former activities, so his old friends lost sight of him until the notice of his death reminded them of their loss.

## ITEMS OF INTEREST

In 1899 he gave up his Brooklyn office and practiced for a year in Montclair, then went to his daughter's, Mrs. J. Tenny, in Philadelphia, returning in the fall of 1906 to Brooklyn.

Dr. Marvin was a thirty-third degree Mason and a Past Grand Master, was a member of Altair Lodge No. 601 F. and A. M., formed and named the Constellation Chapter of the Royal Arch, and was a member of the DeWitt Clinton Council, Knights Templar.

Dr. Marvin was popular with all his associates, and did much to advance the interests of his profession, his church and his political party. His advice and counsel were much sought after, and a "helping hand" and voice were always at the service of those in need.

Dr. Marvin is survived by three daughters, Mrs. E. A. Raynor, of Bloomfield, N. J.; Mrs. J. Tenny, of Philadelphia, Pa.; and Mrs. R. G. Langdon, of Brooklyn, N. Y. I. J. W.

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### George R. Leonard, D.D.S.

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Whereas, The hand of Providence has removed from our midst our honored member and active co-worker, Dr. George R. Leonard, of Mandan; and

Whereas, In his decease we have suffered the loss of a member who had an active interest in this society, and who had the welfare of the entire profession at heart;

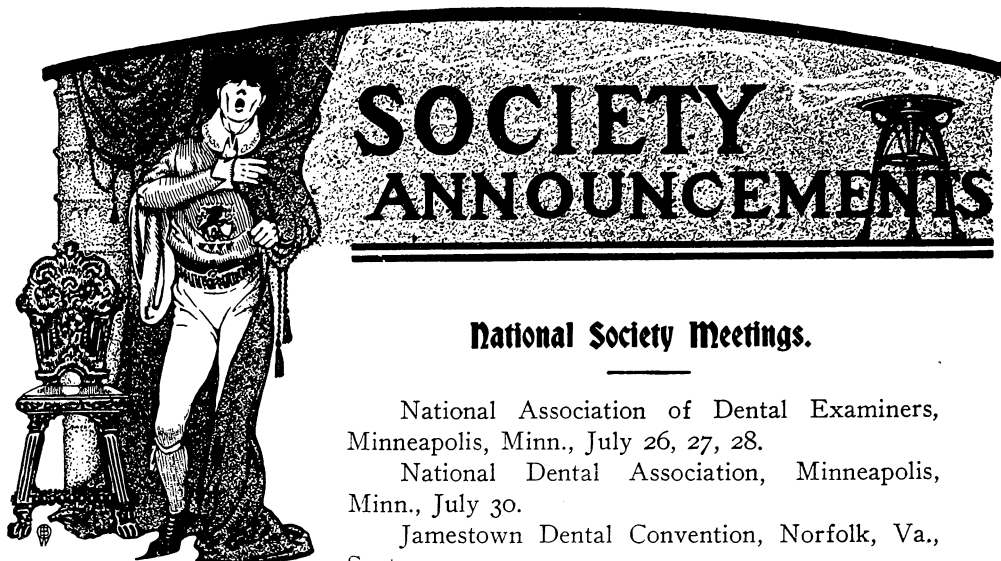
Therefore be it

Resolved, That we, the members of the North Dakota Dental Association, in session in Fargo this 13th day of May, 1907, express to the members of his bereaved family our sympathy and sorrow in their affliction, and assure them of our admiration for his high personal and professional qualities; and

Resolved, That these resolutions be spread upon the records of this Association, a copy sent to the family of our departed member, and copies sent to the Dental Journals for publication.

J. L. GRAVES,,  
A. M. HARDAWAY,  
R. J. WASHBURN,  
Committee.

O. H. SOSSAMAN, Secretary.



### **National Society Meetings.**

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National Association of Dental Examiners,  
Minneapolis, Minn., July 26, 27, 28.

National Dental Association, Minneapolis,  
Minn., July 30.

Jamestown Dental Convention, Norfolk, Va.,  
Sept. 10, 11, 12.

American Society of Orthodontists, Detroit, Mich., Oct. 2, 3, 4.

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### **State Society Meetings.**

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Interstate Dental Fraternity, Minneapolis, Minn., July 29.

Maine Dental Society, Rockland, Me., July 16, 17, 18.

Minnesota State Dental Association, Minneapolis, July 30, Aug. 3.

New Jersey State Dental Society, Asbury Park, July 17, 18, 19.

Northwestern Dental Association, Portland, Me., Oct. 16, 17, 18.

South Carolina State Dental Association, Anderson, S. C., July 2,  
3, 4, 5.

Tennessee State Dental Association, Knoxville, July 8, 9, 10.

Virginia State Dental Association, Jamestown, Sept. 10, 11, 12.

Wisconsin State Dental Society, La Crosse, July 16, 17, 18.

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### **Interstate Dental Fraternity.**

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The Board of Governors of the Interstate Dental Fraternity will  
convene for the annual business meeting of the Order in Minneapolis,



Minn., Monday, July 29th, at the West Hotel. The annual banquet will occur during the week, and due notice thereof will be sent to the members as soon as arrangements can be made and the exact date fixed. It is hoped that the Fraternity will meet in large numbers on this occasion.

Dr. R. M. SANGER, National Secretary.

East Orange, N. J.

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### **National Dental Association, Minneapolis, Minnesota, July 30 to August 2, 1907.**

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The General Sessions of the Association will be held in the First Baptist Church, corner Tenth Street and Harman Place, and it is proposed by the Programme Committee, in consequence of a prevailing sentiment, that all papers be read so that the entire membership may have an opportunity to hear and discuss them. Only one Section therefore will be in session at the same time.

There will be sufficient time allowed in carrying out the programme so that each Section will have two sessions of at least three hours' duration, which should be ample to complete the work.

Membership in the Association is open only to delegates from State Societies, yet a most cordial invitation is extended to all reputable practitioners to attend the meeting.

Reduced rates on all railways, except in Minnesota, on the certificate plan, of a round trip for a fare and a third, has been secured, full details of which will appear in the official announcement.

Hotel Plaza has been designated as headquarters for the Association. while the Clinics and Dental Exhibit will be held at the National Guard Armory on Sixteenth Street. Hotels and rates are as follows:

The Plaza, \$2.00 per day and upward. European plan.

The West, \$1.00 per day and upward. European plan.

The Nicolett, \$1.00 per day and upward. European plan.

The Majestic, \$1.00 per day and upward. European plan.

For hotel reservations, etc., address the Chairman of the Local Committee of Arrangements, F. B. Kremer, Masonic Temple, Minneapolis, Minn.

The following is the programme as far as completed:



## SECTION I.

Dr. L. C. Bryan, Basle, Switzerland, "The Over-arch-bar in Bridge Work."

Dr. Emory A. Bryant, Washington, D. C., "Some Practical Experiences Theoretically Expressed."

Dr. Guilhelmina P. Mendell, Minneapolis, Minn., "Treatment of Malocclusions of the Deciduous Teeth."

Dr. Charles L. Hungerford, Kansas City, Mo., "Evolution."

Dr. Marcus L. Ward, Detroit, Mich., "The Effect of Excesses of Mercury Upon Shrinkage, Expansions, Edge-strength, Flow, Change in Composition and Stability of the Dental Amalgam Alloys."

Dr. C. M. Work, Ottumwa, Iowa, "Porcelain, the Cavity and the Matrix."

Dr. F. G. Corey, Council Grove, Kansas, "Physical Conditions of, or Pertaining to, the Human Teeth."

Dr. J. V. Conzett, Dubuque, Iowa, "Method of Replacing Broken Facings on Crowns and Bridges."

Dr. D. O. M. LE CRON, Chairman,

Dr. E. P. DAMERON, Secretary, St. Louis, Mo.  
St. Louis, Mo.

## SECTION II.

Dr. Carroll H. Frink, Fernandina, Fla., "An Original Method of Casting Gold Inlays." (Illustrated with India Ink Drawings and Models showing technique.)

Dr. L. G. Noel, Nashville, Tenn., "Modern Methods of Combining Cohesive Gold with Non-cohesive Gold, with Tin and with Tin-gold."

Dr. Thomas B. Hartzell, Minneapolis, Minn., "Physical Characteristics and Surgery of Pyorrhea."

Dr. G. O. Orr, Jordan, Minn., "The Functions of the State Dental Society."

Dr. Charles McManus, Hartford, Conn., "Dental Literature."

Dr. WM. CRENSHAW, Chairman,

Dr. J. J. SARRAZIN, Secretary, Atlanta, Ga.  
New Orleans, La.

## SECTION III.

Dr. Victor C. Pedersen, New York City, "Buccal Manifestations of Syphilis."



## ITEMS OF INTEREST

Dr. Herbert L. Wheeler, New York City, "The Prevention of Disease of the Mouth and Teeth by Proper Oral Prophylaxis in the Young."

Dr. Truman W. Brophy, Chicago, Ill., "Anatomy of the Palate—Normal and Cleft."

Dr. Joseph Head, Philadelphia, Pa., "Prophylaxis with Special Reference to the Wisdom Teeth."

Dr. Robert T. Oliver (U. S. A. Dental Corps), "Dental and Oral Lesions of Leprosy."

Dr. Arthur H. Merritt, New York City, "Mouth Infection the Cause of Systemic Disease."

Dr. M. L. RHEIN, Secretary,  
New York City.

Dr. WM. CARR, Chairman,  
New York City.

In addition to the above, the largest and most varied Clinic the Association has ever held will be given on Wednesday and Thursday.

C. S. BUTLER, Secretary,  
Buffalo, N. Y.

A. H. PECK, President,  
Chicago, Ill.

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### National Dental Association.

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I regret exceedingly to say that I have heard from very few of the State Chairmen, therefore it is not possible to give the programme in detail.

The Headquarters in Minneapolis will be the Plaza Hotel. The clinics will be held in the Armory, one-half block from the hotel.

The clinic will be the largest the National has ever held. There will be sixty-five practical operations on Wednesday, July 31st, and the same number of operations on Thursday, August 1st.

About forty of these one hundred and thirty operations will be the making and placing of inlays. The remainder of the operations will be divided into gold, amalgam, tin, cement, and gold and tin fillings, the removal of calculus, the administration of local anesthetics, etc., etc.

There is every evidence at hand that there will be the usual large number of men holding table clinics. Until the various chairmen make their reports I am unable to complete the programme.

Dr. W. N. Murray, of Minneapolis, will have charge of the inlay section.

Dr. F. S. Yeager, of St. Paul, will have charge of the table clinics.

Dr. W. A. Grey, of St. Paul, will have charge of the surgical clinics, of which there will be a number.

# SOCIETY ANNOUNCEMENTS

All of these men will appoint their own corps of assistants.

Drs. Carlson, Cox, Wells, Wilson and myself will be in the clinic room, and we will to everything possible to assist the operators.

After using considerable persuasion, Dr. J. B. Ridout, of St. Paul, has agreed to give a blow-pipe demonstration. It is well worth making a trip from New York to Minneapolis to witness this clinic. I am able to unhesitatingly endorse the demonstration which Dr. Ridout will give, for I feel that it will be one of the most interesting and attractive of all the table clinics.

Dr. Bryan and Dr. Muller, of Switzerland, are journeying to the meeting with some things in the mechanical line which they feel are all important and of the greatest value for everybody to see.

These are simply special features.

I said there would be one hundred and thirty practical demonstrations in Minneapolis on the two days of the clinic. I speak in this way for the reason that the men belonging to the Metal Filling Clubs in the Northwest have requested to be allowed to fill any and all vacancies which might occur. This action on their part is not only most laudable but it at once assures those who will attend the meeting of witnessing the largest operative clinic ever arranged for the consideration of the members of the N. D. A.

I return most sincere thanks to all who have been so willing to work and who have assisted Dr. Clack and myself to arrange the best clinic possible.

I also wish to return many thanks to the editors of the different Dental Journals for their assistance and co-operation. It was very kind of you, gentlemen.

My programme at present contains the names of the following gentlemen who will make operations:

## SURGICAL CLINIC.

|                               |                                |
|-------------------------------|--------------------------------|
| W. H. C. Logan, Chicago.      | L. F. Luckey, Birmingham, Ala. |
| W. H. DeFord, Des Moines, Ia. |                                |

## INLAY SECTION.

|                                    |                                     |
|------------------------------------|-------------------------------------|
| R. H. Volland, Iowa City, Iowa.    | L. C. Elkins, St. Augustine, Fla.   |
| C. H. Farrand, LaCrosse, Wis.      | C. A. Sevier, Jackson, Tenn.        |
| F. H. Bimrose, Butte, Mont.        | A. G. Fee, Superior, Wis.           |
| C. M. Work, Ottumwa, Iowa.         | F. R. Fisk, Spokane, Wash.          |
| W. H. Cudworth, Milwaukee, Wis.    | G. W. Schwartz, Chicago.            |
| J. E. Meyers, Minneapolis, Minn.   | J. D. Park, Duluth, Minn.           |
| W. C. Pike, Minneapolis, Minn.     | A. A. Jennings, Milwaukee, Wis.     |
| T. W. Russell, Minneapolis, Minn.  | S. J. Pattison, Fargo, N. D.        |
| A. E. Peck, Minneapolis, Minn.     | P. B. McCullough, Philadelphia, Pa. |
| F. B. Kramer, Minneapolis, Minn.   | C. G. Von Suessmilck, Duluth, Minn. |
| J. O. Wells, Minneapolis, Minn.    | A. T. Reeves, Selma, Ala.           |
| W. N. Murray, Minneapolis, Minn.   | C. H. Seeger, Manitowoc, Wis.       |
| W. J. Brownlee, Devils Lake, N. D. |                                     |
| J. Q. Byram, Indianapolis, Ind.    |                                     |

# ITEMS OF INTEREST

## OTHER OPERATIONS.

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| H. J. Beemer, Newton, N. J.          | O. C. Zieger, Owatonna, Minn.       |
| J. J. Booth, Marion, Iowa.           | G. N. Beemer, Mason City, Iowa.     |
| E. S. Brown, Edina, Mo.              | C. N. Booth, Cedar Rapids, Iowa.    |
| F. Bernard, Kenneth Square, Pa.      | A. D. Black, Chicago.               |
| J. V. Conzett, Dubuque, Iowa.        | T. F. Cooke, Burlington, Iowa.      |
| W. G. Crandall, Spencer, Iowa.       | W. R. Clack, Clear Lake, Iowa.      |
| Wm. Finn, Cedar Rapids, Iowa.        | A. C. Fawcett, Rochester, Minn.     |
| J. W. S. Gallagher, Winona, Minn.    | C. J. Grove, St. Paul, Minn.        |
| C. L. Gunn, Gadsden, Ala.            | L. Greenbaum, Philadelphia, Pa.     |
| T. B. Hartzell, Minneapolis.         | G. S. Handy, Natchez, Miss.         |
| F. A. Hardgrove, Fondulac.           | P. H. Jones, Clear Lake, Iowa.      |
| F. S. James, Winona, Minn.           | W. B. James, Tracy, Minn.           |
| W. O. Lovett, Brewton, Ala.          | A. M. Lewis, Austin, Minn.          |
| C. B. Miller, Cedar Falls, Iowa.     | H. R. Mavis, Minneapolis, Minn.     |
| W. H. K. Moyer, Little Falls, Minn.  | G. D. Moyer, Montevideo, Minn.      |
| S. G. McCallin, Chicago.             | F. N. Owens, St. Paul, Minn.        |
| C. H. Oakman, Detroit, Mich.         | A. R. Owre, Minneapolis, Minn.      |
| J. B. Pherrin, Central City, Iowa.   | W. S. Pugh, Mobile, Ala.            |
| F. S. Robinson, Chippewa Falls, Wis. | W. J. Reynolds, Selma, Ala.         |
| F. G. Richardson, Mason City, Ia.    | C. H. Robinson, Wabasha, Minn.      |
| J. W. Slingluff, Burlington, Iowa.   | A. C. Searl, Owatonna, Minn.        |
| Alice M. Steeves, Boston.            | F. G. Van Stratum, Hurley, Wis.     |
| J. F. Wallace, Canton, Mo.           | C. E. Woodbury, Council Bluffs, Ia. |
| P. H. Wright, Oxford, Miss.          | T. J. Yerke, Owatonna, Minn.        |

The following gentlemen have signified their intention of holding

## TABLE CLINICS.

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| J. E. Argue, Red Lake Falls, Minn.  | S. S. Stowell, Pittsfield, Mass.  |
| A. P. Burkhart, Buffalo, N. Y.      | E. F. Tinker, Wheatland, Iowa.    |
| H. L. Cruttenden, Northfield, Minn. | O. A. Weiss, Minneapolis, Minn.   |
| J. C. Corcoran, St. Paul, Minn.     | L. C. Bryan, Basel, Switzerland   |
| I. N. Carr, Durham, N. C.           | G. A. Bowers, Nassua, N. H.       |
| C. H. Frink, Fernandina, Fla.       | W. S. Curtis, Montpelier, Vt.     |
| W. L. Fickes, Pittsburg, Pa.        | J. P. Carlisle, Greenville, S. C. |
| G. F. Hauser, LaCrosse, Wis.        | F. E. Dodson, Grand Rapids, Mich. |
| F. R. Houston, Green Bay, Wis.      | W. N. Fine, Philadelphia, Pa.     |
| C. W. Jones, St. Paul, Minn.        | E. A. Honey, Kalamazoo, Mich.     |
| C. H. Land, Detroit, Mich.          | J. A. Hall, Collinsville, Ala.    |
| Eugene Muller, Zurich, Switzerland  | G. F. Jernigan, New York, N. Y.   |
| G. C. Marlow, Lancaster, Wis.       | J. L. Kelly, St. Paul, Minn.      |
| F. A. Peese, Philadelphia, Pa.      | C. W. Lokey, Talladega, Ala.      |
| J. W. Ritter, Charleston, Ill.      | W. H. MacNeil, Minneapolis, Minn. |
| E. F. Summermeier, Eau Claire, Wis. | C. P. Peterson, Mankato, Minn.    |

## SOCIETY ANNOUNCEMENTS

J. B. Ridout, St. Paul, Minn.  
C. F. Rodolf, Muscoda, Wis.  
A. C. Steuerwald, St. Angars, Ia.

A. J. Sawyer, Manchester, N. H.  
M. L. Ward, Detroit, Mich.  
J. D. Wise, West Point, Miss.

This constitutes the clinic up to date. But three chairmen have reported from their States. There will be many more names to add to this programme when the rest of the reports reach me.

E. K. WEDELSTAEDT  
Chairman Clinic Section.

New York Life Bldg., St. Paul, Minn.  
May 30, 1907.

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### **Maine Dental Society.**

The forty-second annual meeting of the Maine Dental Society will be held at Rockland, Maine, July 16, 17 and 18, 1907.

H. A. KELLEY,  
Secretary Maine Dental Society.

609 Congress Street, Portland, Me.

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### **Virginia State Dental Association.**

The Virginia State Dental Association will hold its annual meeting the 9th of September, 1907, at the Inside Inn, Jamestown Exposition. There will be only a short session, as the activities of our members are being merged with those of the Jamestown Dental Convention. This will be strictly a business meeting. No committees will be appointed, and no work done other than certain important matters of business which will be designated later in a circular letter to be issued to each member.

• W. H. PEARSON, Asst. Cor. Secretary.

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### **Northeastern Dental Association.**

The thirteenth annual meeting of the Northeastern Dental Association will be held in the city of Portland, Me., at Hotel Lafayette, on October 16, 17 and 18, 1907. Preparations are being made for a valuable and instructive meeting.

EDGAR O. KINSMAN, D.M.D., Secretary.

Cambridge, Mass.



## **French Congress of Stomatology.**

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A congress on stomatology styled the "First French Congress of Stomatology" will take place in Paris from the first to the fifth of August, 1907. The committee of organization is as follows: Honorary presidents, Drs. Galippe and Redier, at Lille; president, Dr. Cruet; vice-presidents, Drs. Claude Martin, of Lyons, and J. Ferrier; general secretary, Dr. Chompret; treasurer, Dr. Gires. The congress will be opened to all French and foreign doctors of medicine who are interested in dental and oral science. Subscriptions and communications should be addressed to the general secretary, Dr. J. Chompret, 182 rue de Rivoli, Paris, France.

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## **Los Angeles Association of Dental Alumni.**

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At a regular meeting of the Los Angeles Association of Dental Alumni, the following officers were elected: President, Wm. Bebb; Vice-President, Genette F. Harbour; Secretary, W. W. Holman; Treasurer, Chas. E. Rice.

The following committees were appointed:

Programme Committee—Jas. D. McCoy, J. F. Curran, Horace E. Brown.

Membership Committee—D. S. Gillespie, D. D. Cave, H. Gale Atwater.

Illegal Practitioners Committee—J. F. Cook, Bert Boyd, J. W. Neblett.

The association now has a membership of 168 with an average monthly attendance of 65.

W. W. HOMAN, Secretary.

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## **Vermont State Dental Society.**

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At the thirty-first annual meeting of the Vermont State Dental Society, held at Burlington, Vt., May 15, 16 and 17, 1907, the following



## SOCIETY ANNOUNCEMENTS

officers were elected for the ensuing year: President, C. H. Kent, Barre; first vice-president, Harry F. Hamilton, Newport; second vice-president, Charles F. Meacham, Bellows Falls; recording secretary, Thomas Mound, Rutland; corresponding secretary, Grace L. Bosworth, Rutland; treasurer, W. H. Munsell, Wells River. Executive committee, A. Z. Cutler, Bennington; P. M. Williams, Rutland; L. E. Mellen, Middlebury.

The next meeting will be held the third Wednesday in May, 1908, the place of meeting to be decided upon later.

THOMAS MOUND, Secretary.

Rutland, Vt.

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### South Carolina State Dental Association.

The thirty-seventh annual convention of the South Carolina State Dental Association will be held in the city of Anderson, S. C., commencing July 2d, and continuing through the 3d, 4th and 5th. Special hotel rates have been secured, also one and one-third railroad rates on the certificate plan. We expect a glorious meeting, and all ethical practitioners are most cordially invited to attend.

E. N. KIBLER, Cor. Secretary.

Prosperity, S. C.

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### North Dakota Dental Association.

At the annual meeting of the North Dakota Dental Association the following officers were elected: President, H. L. Starling; vice-president, T. G. Thompson; secretary, O. H. Sossaman; treasurer, S. Rowan.

The Association meets on the second Tuesday of May each year. Devils Lake was selected as the next meeting place.

O. H. SOSSAMAN, Secretary.



### **Southern Wisconsin Dental Association.**

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The officers elected for the ensuing year for the Southern Wisconsin Dental Association are as follows: President George C. Marlow; first vice-president, J. H. Reed; second vice-president, F. S. Knapp; secretary, C. W. Collver; treasurer, W. G. Hales.

The next place of meeting is Platteville.

C. W. COLLVER, Secretary.

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### **Connecticut State Dental Association.**

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At the forty-third annual convention of the Connecticut State Dental Association, held at New London April 16 and 17, 1907, the following officers were elected: President, F. Hindsley, Bridgeport; vice-president, W. O. Beecher, Waterbury; secretary, E. S. Rosenbluth, Bridgeport; assistant secretary, A. E. Carey; treasurer, F. W. Brown, New Haven. Executive committee, J. W. Murless, Jr., Windsor Locks; F. J. Erbe, Waterbury; W. V. Lyon, Bridgeport.

E. S. ROSENBLUTH, Secretary.

1051 Main St., Bridgeport, Conn.



